

10/01/2016 - 12/31/2016

Sum of auth_count	Column Labels		
Row Labels	Approval	Disapproval	Grand Total
Advanced Practice Registered Nurse	341	145	486
70450 CT BRAIN, HEAD	17	9	26
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	5	2	7
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		1	1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE		2	2
70544 Mr angiography head w/o dye	2		2
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39	10	49
71250 CT CHEST, THORAX	12	3	15
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2	2	4
72131 CT LUMBAR SPINE, LOW BACK	5	1	6
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	34	19	53
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	5	12	17
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	63	39	102
72192 CT PELVIS WITHOUT CONTRAST	3		3
72196 MRI PELVIS	2	1	3
73200 CT ARM OR UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	3	1	4
73221 MRI JOINT OF UPPER EXTREMITY	16	15	31
73700 CT LEG OR LOWER EXTREMITY	4		4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	26	9	35
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4	2	6

74150 CT ABDOMEN WITHOUT CONTRAST	5	2	7
74176 CT ABD & PELVIS W/O CONTRAST	75	12	87
74181 MRI ABDOMEN	3		3
77058 MRI breast,without and/or with contrast material(s);unilateral	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2	1	3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1	1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	1		1
G0297 Low dose CT scan (LDCT) for lung cancer screening	1		1
S8037 mrcp		1	1
Allergy & Immunology	7	1	8
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	6		6
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX		1	1
Ambulatory/Walk-in Clinic	2	1	3
70450 CT BRAIN, HEAD	1		1
71250 CT CHEST, THORAX	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
Anesthesiology	388	100	488
70450 CT BRAIN, HEAD		1	1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		1	1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1	1
70540 MRI ORBIT/FACE/NECK W/O DYE		2	2
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	1	4
71250 CT CHEST, THORAX	2	1	3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	4		4
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	2	3
72131 CT LUMBAR SPINE, LOW BACK	12		12
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	86	29	115
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	17	9	26

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	233	38	271
72192 CT PELVIS WITHOUT CONTRAST	1	1	2
72196 MRI PELVIS	1	5	6
73200 CT ARM OR UPPER EXTREMITY	1		1
73221 MRI JOINT OF UPPER EXTREMITY	11	1	12
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	7	3	10
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6	4	10
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
Cardiac Surgery	84	5	89
70450 CT BRAIN, HEAD		1	1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2	1	3
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	7	1	8
71250 CT CHEST, THORAX	25		25
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	10	1	11
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73700 CT LEG OR LOWER EXTREMITY	1		1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6		6
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	16		16
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Cardiology	1787	194	1981

70450 CT BRAIN, HEAD	7	2	9
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		3	3
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	8	4	12
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	27	4	31
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3	1	4
71250 CT CHEST, THORAX	22	1	23
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	83	4	87
71550 MRI CHEST	1	1	2
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3		3
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	1		1
73200 CT ARM OR UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2	2
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	10		10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	13		13
74176 CT ABD & PELVIS W/O CONTRAST	2	1	3
74181 MRI ABDOMEN	1		1
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1	1	2
75557 Cardiac MRI Morph & structure w/o contrast	16	1	17
75571 Coronary Artery Calcium Score, EBCT	2	2	4
75572 CT Heart	10	2	12
75573 CT Heart Congenital Study		1	1
75574 CT Angiography Heart coronary arteries, CCTA	50	12	62
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	64	8	72
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1145	89	1234
78472 CARDIAC OR HEART BLOOD POOL IMAGING	2		2
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	236	47	283

93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	6		6
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	69	6	75
Chiropractic Medicine	107	21	128
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
72131 CT LUMBAR SPINE, LOW BACK		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	21	4	25
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	4	2	6
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	63	10	73
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1	1
73221 MRI JOINT OF UPPER EXTREMITY	6	2	8
73700 CT LEG OR LOWER EXTREMITY		1	1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
74176 CT ABD & PELVIS W/O CONTRAST	1		1
Colon & Rectal Surgery	15	1	16
71250 CT CHEST, THORAX	3		3
72196 MRI PELVIS	1		1
74176 CT ABD & PELVIS W/O CONTRAST	9	1	10
74181 MRI ABDOMEN	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
Dermatology	4		4
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Doctors and Rehabilitation	303	82	385
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1	5	6

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1	3	4
72131 CT LUMBAR SPINE, LOW BACK	14	2	16
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	70	27	97
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	15	9	24
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	173	27	200
72192 CT PELVIS WITHOUT CONTRAST		1	1
72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	4	4	8
73700 CT LEG OR LOWER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	12	3	15
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4		4
Emergency Medicine	83	20	103
70450 CT BRAIN, HEAD	5	1	6
70544 Mr angiography head w/o dye		1	1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4	1	5
71250 CT CHEST, THORAX	6		6
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		3	3
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7	1	8
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	1	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	11	4	15
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
73200 CT ARM OR UPPER EXTREMITY	1		1
73221 MRI JOINT OF UPPER EXTREMITY	3	1	4
73700 CT LEG OR LOWER EXTREMITY	2		2
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	9		9

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	1	1	2
74176 CT ABD & PELVIS W/O CONTRAST	23	1	24
74181 MRI ABDOMEN	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1	5	6
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	1		1
Endocrinology	65	8	73
70450 CT BRAIN, HEAD	1	1	2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	7	1	8
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	34	2	36
71250 CT CHEST, THORAX	3	1	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	10	2	12
74176 CT ABD & PELVIS W/O CONTRAST	4	1	5
74181 MRI ABDOMEN	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
Gastroenterology	499	54	553
70450 CT BRAIN, HEAD	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4		4
71250 CT CHEST, THORAX	12	1	13
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		2	2
72192 CT PELVIS WITHOUT CONTRAST	2		2
72196 MRI PELVIS	5	1	6
74150 CT ABDOMEN WITHOUT CONTRAST	54	5	59
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1	1	2
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	280	25	305

74181 MRI ABDOMEN	96	10	106
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		2	2
74261 CT Colonography, diagnostic without contrast	4	1	5
74263 CT Colonography, screening	3	3	6
75557 Cardiac MRI Morph & structure w/o contrast	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2		2
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
S8037 mrcp	22	3	25
General/Family Practice	6912	1888	8800
70450 CT BRAIN, HEAD	338	146	484
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	4	2	6
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	104	21	125
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	107	10	117
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	11	7	18
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	11	4	15
70540 MRI ORBIT/FACE/NECK W/O DYE	13	12	25
70544 Mr angiography head w/o dye	20	6	26
70547 Mr angiography neck w/o dye	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	702	93	795
71250 CT CHEST, THORAX	507	82	589
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	47	2	49
71550 MRI CHEST		2	2
71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST		1	1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	16	25	41
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	9	8	17
72131 CT LUMBAR SPINE, LOW BACK	75	22	97
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	580	252	832
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	112	139	251
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1413	463	1876
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	1	1	2
72192 CT PELVIS WITHOUT CONTRAST	36	8	44

72196 MRI PELVIS	46	16	62
73200 CT ARM OR UPPER EXTREMITY	27	7	34
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	31	10	41
73221 MRI JOINT OF UPPER EXTREMITY	387	142	529
73700 CT LEG OR LOWER EXTREMITY	35	14	49
73706 CT ANGIOGRAPHY LOWER EXTREMITY	4	3	7
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	598	114	712
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	83	26	109
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1	2	3
74150 CT ABDOMEN WITHOUT CONTRAST	156	27	183
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	5	5	10
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	6	2	8
74176 CT ABD & PELVIS W/O CONTRAST	1196	137	1333
74181 MRI ABDOMEN	41	5	46
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1	2	3
75571 Coronary Artery Calcium Score, EBCT		2	2
75574 CT Angiography Heart coronary arteries, CCTA		3	3
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	9	1	10
76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA		1	1
77058 MRI breast,without and/or with contrast material(s);unilateral	24	7	31
77078 CT bone mineral density study, 1 or more sites; axial skeleton	1	1	2
77084 Magnetic resonance imaging, bone marrow blood supply	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	56	39	95
78813 PET IMAGING WHOLE BODY	9	2	11
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	12	5	17
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	39	4	43
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	8	4	12
G0297 Low dose CT scan (LDCT) for lung cancer screening	12	1	13
S8032 Low-dose Computed Tomography For Lung Cancer Screening	3		3
S8037 mrcp	9		9

Geriatrics	4	7	11
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1	3	4
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1	3	4
74176 CT ABD & PELVIS W/O CONTRAST	1		1
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]		1	1
Gynecologic Oncology	33	2	35
70450 CT BRAIN, HEAD	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	7		7
74176 CT ABD & PELVIS W/O CONTRAST	17		17
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3	1	4
Hematologist/Oncologist	2829	186	3015
70450 CT BRAIN, HEAD	122	1	123
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	2	1	3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	82	8	90
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70540 MRI ORBIT/FACE/NECK W/O DYE	19		19
70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	176	3	179
71250 CT CHEST, THORAX	756	45	801
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	21	1	22
71550 MRI CHEST	23		23
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1	1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	41	2	43
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	49	2	51
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	65	1	66
72192 CT PELVIS WITHOUT CONTRAST	7		7
72196 MRI PELVIS	56	1	57

73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	38		38
73221 MRI JOINT OF UPPER EXTREMITY	9		9
73700 CT LEG OR LOWER EXTREMITY	1	1	2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	15	4	19
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	6		6
74150 CT ABDOMEN WITHOUT CONTRAST	37	1	38
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	693	51	744
74181 MRI ABDOMEN	41	4	45
77058 MRI breast,without and/or with contrast material(s);unilateral	29	1	30
77084 Magnetic resonance imaging, bone marrow blood supply	25		25
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	50		50
78813 PET IMAGING WHOLE BODY	67	5	72
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	385	52	437
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	4		4
G0297 Low dose CT scan (LDCT) for lung cancer screening	1		1
S8037 mrcp	3		3
Hospital	1	1	2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
Industrial Medicine	1		1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
Infectious Diseases	12	7	19
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		2	2
71250 CT CHEST, THORAX	2	1	3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1

72192 CT PELVIS WITHOUT CONTRAST		1	1
73700 CT LEG OR LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2	1	3
74176 CT ABD & PELVIS W/O CONTRAST	2	1	3
74181 MRI ABDOMEN	1	1	2
78813 PET IMAGING WHOLE BODY	1		1
Internal Medicine	1372	296	1668
70450 CT BRAIN, HEAD	64	16	80
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	20	2	22
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	24	1	25
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	6	2	8
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4	2	6
70540 MRI ORBIT/FACE/NECK W/O DYE	5		5
70544 Mr angiography head w/o dye	14	3	17
70547 Mr angiography neck w/o dye	1	1	2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	145	16	161
71250 CT CHEST, THORAX	156	23	179
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	13	1	14
71550 MRI CHEST	1	3	4
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	3	5	8
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	3	3	6
72131 CT LUMBAR SPINE, LOW BACK	4	3	7
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	85	39	124
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	25	13	38
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	201	62	263
72192 CT PELVIS WITHOUT CONTRAST	4	2	6
72196 MRI PELVIS	13	1	14
73200 CT ARM OR UPPER EXTREMITY	2	1	3
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	4	2	6
73221 MRI JOINT OF UPPER EXTREMITY	58	13	71

73700 CT LEG OR LOWER EXTREMITY	9		9
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	89	13	102
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	12	1	13
74150 CT ABDOMEN WITHOUT CONTRAST	42	3	45
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2	1	3
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	233	38	271
74181 MRI ABDOMEN	21		21
75571 Coronary Artery Calcium Score, EBCT		1	1
75572 CT Heart	6		6
75574 CT Angiography Heart coronary arteries, CCTA	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	5		5
77058 MRI breast,without and/or with contrast material(s);unilateral	5	1	6
77084 Magnetic resonance imaging, bone marrow blood supply	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	30	20	50
78472 CARDIAC OR HEART BLOOD POOL IMAGING	6		6
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	1		1
78813 PET IMAGING WHOLE BODY	8		8
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	18		18
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	7	3	10
93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	3		3
G0297 Low dose CT scan (LDCT) for lung cancer screening	5	1	6
S8032 Low-dose Computed Tomography For Lung Cancer Screening	5		5
S8037 mrcp	1		1
Interventional Radiologists	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70544 Mr angiography head w/o dye	1		1
Medical Genetics	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
Nephrology	22	2	24

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72196 MRI PELVIS		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	12		12
74181 MRI ABDOMEN	2		2
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	2		2
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
Neurological Surgery	1308	142	1450
70450 CT BRAIN, HEAD	74	6	80
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	1	1	2
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	5		5
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	39	1	40
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	12	1	13
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70544 Mr angiography head w/o dye	8		8
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	211	10	221
71250 CT CHEST, THORAX	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	80	12	92
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	11	7	18
72131 CT LUMBAR SPINE, LOW BACK	124	13	137
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	267	31	298
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	75	10	85
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	373	41	414
72196 MRI PELVIS	1		1
73221 MRI JOINT OF UPPER EXTREMITY	11	4	15
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2	3	5
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	4	2	6

74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
76390 Mr spectroscopy	2		2
Neurology	1338	159	1497
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		1	1
70450 CT BRAIN, HEAD	26	6	32
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	1	1	2
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST		1	1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	45	12	57
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	32	6	38
70540 MRI ORBIT/FACE/NECK W/O DYE	5	1	6
70544 Mr angiography head w/o dye	45	12	57
70547 Mr angiography neck w/o dye	12	1	13
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	718	20	738
70554 Functional MRI Brain	1	1	2
71250 CT CHEST, THORAX	4	3	7
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1	1	2
71550 MRI CHEST	4	1	5
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	5		5
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	2	1	3
72131 CT LUMBAR SPINE, LOW BACK	6	1	7
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	237	43	280
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	61	17	78
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	98	21	119
72192 CT PELVIS WITHOUT CONTRAST	2	1	3
72196 MRI PELVIS	4	1	5
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1	1	2
73221 MRI JOINT OF UPPER EXTREMITY	7		7
73700 CT LEG OR LOWER EXTREMITY	1		1
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4	1	5

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3		3
74176 CT ABD & PELVIS W/O CONTRAST	3	1	4
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	1		1
76390 Mr spectroscopy	1		1
78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	4	4	8
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
OB/Gynecology	196	25	221
70450 CT BRAIN, HEAD	1	2	3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	7		7
71250 CT CHEST, THORAX	16	2	18
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2	1	3
72192 CT PELVIS WITHOUT CONTRAST	11		11
72196 MRI PELVIS	22	2	24
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	4	1	5
74176 CT ABD & PELVIS W/O CONTRAST	80	12	92
74181 MRI ABDOMEN	7	2	9
77058 MRI breast,without and/or with contrast material(s);unilateral	32	3	35
78813 PET IMAGING WHOLE BODY	5		5
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
Obstetrics & Gynecology	2		2
72196 MRI PELVIS	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1		1
Occupational Medicine	4	1	5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4
74176 CT ABD & PELVIS W/O CONTRAST	1		1

Oncology	63	2	65
70450 CT BRAIN, HEAD	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8		8
71250 CT CHEST, THORAX	18		18
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72196 MRI PELVIS	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	13		13
74181 MRI ABDOMEN	2		2
76390 Mr spectroscopy	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	8		8
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4	2	6
Ophthalmology	101	17	118
70450 CT BRAIN, HEAD	1	2	3
70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	6	1	7
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1	1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2		2
70540 MRI ORBIT/FACE/NECK W/O DYE	25	5	30
70544 Mr angiography head w/o dye	7	4	11
70547 Mr angiography neck w/o dye	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	53	4	57
71250 CT CHEST, THORAX	2		2
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
Oral/Maxillofacial	2		2
70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
Orthopedics	3258	201	3459

70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	6	3	9
71250 CT CHEST, THORAX	18	1	19
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1	1
71550 MRI CHEST	3		3
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	12	6	18
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	6	3	9
72131 CT LUMBAR SPINE, LOW BACK	47	12	59
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	236	31	267
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	31	11	42
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	358	45	403
72192 CT PELVIS WITHOUT CONTRAST	8		8
72196 MRI PELVIS	22	9	31
73200 CT ARM OR UPPER EXTREMITY	81	5	86
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	49		49
73221 MRI JOINT OF UPPER EXTREMITY	893	15	908
73700 CT LEG OR LOWER EXTREMITY	122	5	127
73706 CT ANGIOGRAPHY LOWER EXTREMITY	1	2	3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1188	49	1237
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	168	1	169
74150 CT ABDOMEN WITHOUT CONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	1	1	2
74181 MRI ABDOMEN	2		2
77078 CT bone mineral density study, 1 or more sites; axial skeleton	1		1
78472 CARDIAC OR HEART BLOOD POOL IMAGING	1		1
Osteopath	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1

74181 MRI ABDOMEN	1		1
Other	52	14	66
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	7	1	8
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	8	2	10
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	1		1
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
71250 CT CHEST, THORAX	7	1	8
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2		2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	4	1	5
72192 CT PELVIS WITHOUT CONTRAST	1		1
73221 MRI JOINT OF UPPER EXTREMITY	3	1	4
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	3	1	4
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	2	1	3
74176 CT ABD & PELVIS W/O CONTRAST	7	3	10
74181 MRI ABDOMEN	1		1
77058 MRI breast, without and/or with contrast material(s); unilateral	1		1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1	1
Otolaryngology	699	23	722
0042T Ct perfusion w/contrast, cbf	1	1	2
70450 CT BRAIN, HEAD	4		4
70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.	67	2	69
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	340	15	355
70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST	106	1	107
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	1	2	3
70540 MRI ORBIT/FACE/NECK W/O DYE	8		8

70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	128		128
71250 CT CHEST, THORAX	20		20
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	2		2
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
78071 Parathyroid SPECT Imaging	1		1
78813 PET IMAGING WHOLE BODY	3		3
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	6	2	8
Pediatric Hematology	1		1
71250 CT CHEST, THORAX	1		1
Pediatric Oncology	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2		2
Pediatrics	159	12	171
70450 CT BRAIN, HEAD	14	1	15
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	3		3
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6		6
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70544 Mr angiography head w/o dye	2		2
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	45		45
71250 CT CHEST, THORAX	12		12
71550 MRI CHEST	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	4	2	6
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	15	3	18

72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1	1
73221 MRI JOINT OF UPPER EXTREMITY	8		8
73700 CT LEG OR LOWER EXTREMITY	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	12	2	14
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	3		3
74150 CT ABDOMEN WITHOUT CONTRAST	3		3
74176 CT ABD & PELVIS W/O CONTRAST	22		22
74181 MRI ABDOMEN		1	1
78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1	1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	2	1	3
Physical Medicine	9	1	10
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2		2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	4	1	5
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
Plastic Surgery	18	2	20
70450 CT BRAIN, HEAD	1		1
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	4		4
70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1	1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	2		2
73221 MRI JOINT OF UPPER EXTREMITY	3		3
73700 CT LEG OR LOWER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	1		1
77058 MRI breast,without and/or with contrast material(s);unilateral	1	1	2
Podiatry	155	18	173

73700 CT LEG OR LOWER EXTREMITY	5	2	7
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	150	16	166
Psychiatry	9	8	17
70450 CT BRAIN, HEAD	7	4	11
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2	1	3
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1	1
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1	1
Pulmonary Medicine	389	21	410
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	6		6
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	5		5
71250 CT CHEST, THORAX	313	16	329
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	10		10
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	4		4
74181 MRI ABDOMEN	2		2
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78813 PET IMAGING WHOLE BODY	8	1	9
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	22	1	23
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	7	2	9
G0297 Low dose CT scan (LDCT) for lung cancer screening	2		2
S8032 Low-dose Computed Tomography For Lung Cancer Screening	7		7
Radiation Oncology	127	10	137
70450 CT BRAIN, HEAD	2		2
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	16		16
70540 MRI ORBIT/FACE/NECK W/O DYE	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	37	1	38
71250 CT CHEST, THORAX	19	1	20

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	1	3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4
72196 MRI PELVIS	4		4
73221 MRI JOINT OF UPPER EXTREMITY	1		1
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	9	1	10
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	27	4	31
Radiology	29	3	32
70450 CT BRAIN, HEAD	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		1	1
70544 Mr angiography head w/o dye	3		3
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2		2
70554 Functional MRI Brain	1		1
71250 CT CHEST, THORAX	3		3
72192 CT PELVIS WITHOUT CONTRAST	1		1
72196 MRI PELVIS	2		2
73221 MRI JOINT OF UPPER EXTREMITY		1	1
74150 CT ABDOMEN WITHOUT CONTRAST	3	1	4
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	2		2
74181 MRI ABDOMEN	4		4
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	3		3
78813 PET IMAGING WHOLE BODY	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	1		1
G0297 Low dose CT scan (LDCT) for lung cancer screening	1		1
Rehabilitations	5	2	7
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	3	1	4

Rheumatology	190	23	213
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1		1
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	9		9
71250 CT CHEST, THORAX	12		12
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	17	1	18
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	3		3
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	34	5	39
72192 CT PELVIS WITHOUT CONTRAST	3		3
72196 MRI PELVIS	14	1	15
72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST		1	1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	30	5	35
73221 MRI JOINT OF UPPER EXTREMITY	20	8	28
73700 CT LEG OR LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	27	2	29
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	10		10
74150 CT ABDOMEN WITHOUT CONTRAST	1		1
74176 CT ABD & PELVIS W/O CONTRAST	3		3
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
Sports Medicine	16	1	17
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	10	1	11
72196 MRI PELVIS	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	4		4
Surgery	511	49	560
70450 CT BRAIN, HEAD	4	1	5
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	1	1	2
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	11		11
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	2	1	3

70540 MRI ORBIT/FACE/NECK W/O DYE	1		1
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	7		7
71250 CT CHEST, THORAX	28	5	33
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1		1
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	1		1
72131 CT LUMBAR SPINE, LOW BACK	1		1
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	6	1	7
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2	3	5
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	7	7	14
72192 CT PELVIS WITHOUT CONTRAST	17	1	18
72196 MRI PELVIS	7		7
73200 CT ARM OR UPPER EXTREMITY	9		9
73206 CT ANGIOGRAPHY UPPER EXTREMITY	1		1
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	18	2	20
73221 MRI JOINT OF UPPER EXTREMITY	31	3	34
73700 CT LEG OR LOWER EXTREMITY	2		2
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	15	1	16
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	2	1	3
74150 CT ABDOMEN WITHOUT CONTRAST	15	1	16
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	2		2
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	240	16	256
74181 MRI ABDOMEN	12		12
74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	4		4
77058 MRI breast,without and/or with contrast material(s);unilateral	43	2	45
78813 PET IMAGING WHOLE BODY	5	1	6
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	13		13
S8037 mrcp	1	1	2
Surgical Oncology	45	4	49
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	1		1

71250 CT CHEST, THORAX	17	1	18
72196 MRI PELVIS	2	1	3
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1		1
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		2	2
74150 CT ABDOMEN WITHOUT CONTRAST	2		2
74176 CT ABD & PELVIS W/O CONTRAST	11		11
74181 MRI ABDOMEN	3		3
77058 MRI breast,without and/or with contrast material(s);unilateral	5		5
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3		3
Thoracic Surgery	54	2	56
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	4		4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1		1
71250 CT CHEST, THORAX	13		13
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	5		5
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1	1	2
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2		2
73200 CT ARM OR UPPER EXTREMITY		1	1
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6		6
74176 CT ABD & PELVIS W/O CONTRAST	6		6
75571 Coronary Artery Calcium Score, EBCT	1		1
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	5		5
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1		1
78459 Myocardial imaging, PET	1		1
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5		5
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	2		2
Unknown	650	124	774
70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	1		1
70450 CT BRAIN, HEAD	20	7	27
70480 CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.	3	1	4
70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	24	4	28

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	16	2	18
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	1		1
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	3	1	4
70540 MRI ORBIT/FACE/NECK W/O DYE	3	2	5
70544 Mr angiography head w/o dye	3	1	4
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	54	5	59
71250 CT CHEST, THORAX	61	7	68
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	8		8
71550 MRI CHEST	2		2
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	3	3	6
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		2	2
72131 CT LUMBAR SPINE, LOW BACK	7	2	9
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	40	14	54
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	7	6	13
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	90	24	114
72192 CT PELVIS WITHOUT CONTRAST	6	2	8
72196 MRI PELVIS	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73221 MRI JOINT OF UPPER EXTREMITY	44	5	49
73700 CT LEG OR LOWER EXTREMITY	9	3	12
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	64	6	70
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	5	7	12
74150 CT ABDOMEN WITHOUT CONTRAST	22	2	24
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1	1
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		1	1
74176 CT ABD & PELVIS W/O CONTRAST	96	6	102
74181 MRI ABDOMEN	6	1	7
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	2		2
77058 MRI breast,without and/or with contrast material(s);unilateral	3		3
78451 Myocardial perfusion imaging, tomographic (SPECT); single study	9	4	13
78813 PET IMAGING WHOLE BODY	3	1	4

78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	5	2	7
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	12	2	14
93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	3		3
93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	9		9
G0297 Low dose CT scan (LDCT) for lung cancer screening	1		1
S8032 Low-dose Computed Tomography For Lung Cancer Screening	2		2
Urology	824	32	856
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	3		3
71250 CT CHEST, THORAX	27	1	28
72131 CT LUMBAR SPINE, LOW BACK	1		1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1		1
72192 CT PELVIS WITHOUT CONTRAST	8		8
72196 MRI PELVIS	62	4	66
74150 CT ABDOMEN WITHOUT CONTRAST	32		32
74176 CT ABD & PELVIS W/O CONTRAST	660	21	681
74181 MRI ABDOMEN	25	1	26
78813 PET IMAGING WHOLE BODY	1	1	2
78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	4	4	8
Vascular Surgery	52	1	53
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	2		2
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	6		6
71250 CT CHEST, THORAX	2		2
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	9		9
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1		1
72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	2		2
73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	1		1
73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	2		2
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	6		6
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	7		7
74176 CT ABD & PELVIS W/O CONTRAST	5		5
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	7		7

78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2		2
93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1	1
Grand Total	25146	3918	29064

spec_name	outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		Daughter found pt. with uncontrollable shaking with eyes rolled back in head, LOC for 3 minutes.; 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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		Dizzieness, double vision, cant drive; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	Pt. is c/o increased unsteadiness. Unable to do Tai Chi, due to unsteadiness, pt. has HTN.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	6
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.; This study is being requested for a recent head trauma or injury.; This study is being requested for a recent head trauma or injury.	1
Advanced Practice Registered Nurse	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1

Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient to be evaluated for acute upper respiratory infection of multiple sites. These have been present since yesterday. The symptoms include ear stuffiness, eye itching/watering, temporal headache, nasal congestion, watery nasal discharge and sneezin; 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)	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Severe sinonasal polyposis and presumed mucocele formation possibly from allergic fungal sinusitis. Aggressive sinusitis requiring ENT consultation. Sinuses are expanded, particularly frontals and ethmoids; with extrinsic impression on the frontal lobes; 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)	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	2

Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	2
Advanced Practice Registered Nurse	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Advanced Practice Registered Nurse	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Advanced Practice Registered Nurse	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.	1
Advanced Practice Registered Nurse	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	changes in white matter of the brain, hypertension., diabetes; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; It is not known if the doctor notes on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ct was inconclusive; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Having numbness of mouth and lips; tingling in her hands; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1

Advanced Practice
Registered Nurse

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

He has been having a lot of headaches and neck pain the past year or so. He has neurofibromatosis syndrome and has multiple skin growths all over his body. They are more concentrated on his back, neck and the back of his head. Several members of his famil; This study is being ordered for Congenital Anomaly.; 05/05/2015; There has been treatment or conservative therapy.; He does get headaches when the tumors in his posterior neck get irritated and inflammed.; meloxicam started in 2015

1

Advanced Practice
Registered Nurse

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Pt had a brain mri in 2014 that showed a small brain aneurism; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has vision loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O MS Facial numbness and pain in extremities; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient had 2 low testosterone levels. he had a high prolactin level as well.; 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

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	2
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	6
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	4
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	; This study is 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.;	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	1

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Advanced Practice Registered Nurse	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; severe back pain; PT for 6 weeks medications medvol hydrcone	1

Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, &#xOD; Bowel or bladder dysfunction, Evidence of new foot drop, etc...	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has been treatment or conservative therapy.; severe back pain; PT for 6 weeks medications medvol hydrcone	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is 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.	1
Advanced Practice Registered Nurse	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	3

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Pain and numbness; nerve blocks and medication	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About a year; There has been treatment or conservative therapy.; sharp pain; Chiropractic care	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He has been having a lot of headaches and neck pain the past year or so. He has neurofibromatosis syndrome and has multiple skin growths all over his body. They are more concentrated on his back, neck and the back of his head. Several members of his famil; This study is being ordered for Congenital Anomaly.; 05/05/2015; There has been treatment or conservative therapy.; He does get headaches when the tumors in his posterior neck get irritated and inflamed.; meloxicam started in 2015	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Hyperreflexia on exam.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Low back pain Paresthesia Weakness in BLE; IM and oral steroids IM and oral anti-inflammatories Physical therapy over the years for low back pain	1

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Several years; There has been treatment or conservative therapy.; Chronic pain, crepitus, numbness and headaches; PT in 2015	1
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Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
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Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
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Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	11
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Abnormal x-ray suggests further imaging	1

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	hx ca; tried muscle relaxers; pt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Hyperreflexia on exam.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Low back pain Paresthesia Weakness in BLE; IM and oral steroids IM and oral anti-inflammatories Physical therapy over the years for low back pain	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1

Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has been treatment or conservative therapy.; Pain and numbness; nerve blocks and medication	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About a year; There has been treatment or conservative therapy.; sharp pain; Chiropractic care	1

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; 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.</p>	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>hx ca; tried muscle relaxers; pt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>None.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above</p>	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>PT done.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; 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.</p>	1

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	37
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	5
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	9
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has right leg weakness; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a follow-up to trauma.; 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.	1
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	Having right groin area; pain radiates to rt testicle; hx of frequently lifting heavy equipment; expected hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	Right groin pain over the past month, ultrasound did not show hernia. Trying to r/o hernia or whatever may be causing the pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS	< 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
Advanced Practice Registered Nurse	Approval	72196 MRI PELVIS	MDO requested to bypass Medical Necessity Questions; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Advanced Practice Registered Nurse	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is 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.	1
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	1
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Advanced Practice Registered Nurse	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	none given; This study is being ordered for trauma or injury.; 10-1-2016; There has been treatment or conservative therapy.; Numbness, weakness to the point that she drops things, and bilateral pain; Pain meds, xray done that showed a tear, bilateral wrist splint	2
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	2
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; abnormal x-ray showed a questionable cyst. May be bone cyst.	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Acute pain	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; none given	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	2
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2

Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	HPI: 62 y.o. female presents with left ankle pain x 3 months. Associated symptoms include burning and edema. The pain is intermittent. Better with rest and worse with walking. She hurt it originally 3 months ago walking in heels. She rolled her ankle in 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.; It is not known if there is a suspicion of tendon or ligament injury.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	3
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	3
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	4
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	4
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.; Several years; There has been treatment or conservative therapy.; Chronic pain, crepitus, numbness and headaches; PT in 2015	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; 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
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2

Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST		4

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	22 y.o. female here for complaint of right lower quadrant pain. She states that she has a history of an ovarian cyst rupture. She states that she is hurting in her right side and that it feels the same as it did previously when she had her cyst on her ovaries; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	he has had ongoing abdominal pain, bloating, weight gain, 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 male.; It is not known if a rectal exam was performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	icr; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	IMPRESSION: Tiny apparent gallbladder polyp. Mild diffuse fatty infiltration of the liver. No specific left lower quadrant abnormality.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>PATIENT HAS LLQ PAIN, WITH NAUSEA AND VOMITING, GUARDING ON EXAM. DOCTOR IS TRYING TO RULE OUT DIVERTICULITIS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.</p>	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Pt c/o blood in urine, right lower back pain, right lower abdominal pain x 3 days. Pt has hx of kidney stones. 32y/o female presents c/o 3 day history of R flank pain that radiates around to her lower abdomen, she reports that she had this type of pai; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.</p>	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for 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.</p>	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	10
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient having abdominal pain	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abnormal pain , looking for diverticulitis	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Epigastric pain, hurts to swallow, weakness, and flatulence	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Menopausal and abdominal pain	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; nausea, vomiting and diarrhea (r/o diverticulitis)	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; NONE	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has abdominal pain for several weeks	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pt has positive hernia on a ultrasound	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pt with abdominal pain. RUQ ultrasound WNL. CVA tenderness.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unknown	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	19
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	2

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Wanting to set up for a CT abd/pelvis without contrast to evaluate her LLQ pain and prominent mass.	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1
Advanced Practice Registered Nurse	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; cyst	1
Advanced Practice Registered Nurse	Approval	74181 MRI ABDOMEN	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; Nausea, diarrhea, gas like pain, epigastric pain, dyspepsia, 2cm lesion on the R lobe of the liver; Medications	1

Advanced Practice Registered Nurse	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Advanced Practice Registered Nurse	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain,; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1

Advanced Practice Registered Nurse	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Advanced Practice Registered Nurse	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Advanced Practice Registered Nurse	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		; This request is for a Low Dose CT for Lung Cancer Screening.; 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
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; May 2016; There has been treatment or conservative therapy.; double vision dizziness headache phonophobia photophobia limping joint tenderness popping decreased mobility difficulty initiating sleep; Pt had hip xray.   has been treated for migraines with Topamax and imitrex	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migraines with aura, headaches, shakiness; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	New onset of chronic headache (14 DAYS) not improved by medication.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pat complained of L side chest pain due to falling x1 wk ago, symptoms worsening. Rates pain 8 out of 10. Pat complained of fatigue, headache, forgetfulness x2 mo.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/O herniated disc; This study is being ordered for trauma or injury.; 09/22/2016; There has been treatment or conservative therapy.; Headaches, dizziness, blurred vision, neck pain, numbness and tingling; Medication, physical therapy	1
Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >	1

Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected infection; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	1
Advanced Practice Registered Nurse	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	1
Advanced Practice Registered Nurse	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10-14-16.; There has been treatment or conservative therapy.; Bilateral Knee pain  Neck pain  Headaches; Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs	1
Advanced Practice Registered Nurse	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; MVA 10/14/16; There has been treatment or conservative therapy.; Pain in rt knee , and cervicalgi 2 months with no improvement; Hydrocodone 5-325 MG 1 tablet every 6hours as needed with no improvement	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

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

Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of CVA.; 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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA 10/14/16 She was the restrained driver of a car traveling at approx 55 mph when she T-boned a car that pulled out in front of her. She reports that she was taken to the ER and had CT of abdomen at that time. CT of head was negative . pt currently tak; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. fell and had a head injury on 9/18/2016 ER visit that requires stitches. Brain CT showed no concussion, have had a persistent headache since then; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate cervical pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Advanced Practice Registered Nurse	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/O herniated disc; This study is being ordered for trauma or injury.; 09/22/2016; There has been treatment or conservative therapy.; Headaches, dizziness, blurred vision, neck pain, numbness and tingling; Medication, physical therapy	1

Advanced Practice Registered Nurse	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 months; There has been treatment or conservative therapy.; mbr has needle like pain in hands and feet and numbness in leg and pain in lower back; medication	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	3
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/17/16; There has been treatment or conservative therapy.; Numbness in right leg. Tenderness along the spine.; Medications	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient is scheduled for physical therapy as well as started on conservative pain management treatment	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain off and on, mild tenderness, burning sensation; 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; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with acute back pain.	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain going down posterior thighs.; This study is being ordered for trauma or injury.; 10/20/16; There has been treatment or conservative therapy.; Back pain; PT chiropractor.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Abnormal ankle clonus with 5-6 beats on the left compared to normal exam on the right. X-ray; AP pelvis and lateral left hip reveals post traumatic changes including pubic synostosis with changes consistent with a previous fracture. No acute bony ab; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; mild generative disc changes and stenosis	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/17/16; There has been treatment or conservative therapy.; Numbness in right leg. Tenderness alone the spine.; Medications	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2

Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	bypass 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.; bypass clinicals; It is not known if there has been any treatment or conservative therapy.; bypass clinicals	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	further evaluation of back pain; This study is being ordered for trauma or injury.; 10/17/16; There has been treatment or conservative therapy.; mid and low back pain; PT	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.;	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1

Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	member went to pain management and saw an ortho DR for treatment but no relief. Member is now seeing a neurologist whom wants the MRI'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.; Unknown; There has been treatment or conservative therapy.; extreme back pain; Ortho treatment	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with acute back pain.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Abnormal ankle clonus with 5-6 beats on the left compared to normal exam on the right.   X-ray: AP pelvis and lateral left hip reveals post traumatic changes including pubic synostosis with changes consistent with a previous fracture. No acute bony ab; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 months; There has been treatment or conservative therapy.; mbr has needle like pain in hands and feet and numbness in leg and pain in lower back; medication	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 >;	2

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/17/16; There has been treatment or conservative therapy.; Numbness in right leg. Tenderness alone the spine.; Medications	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of 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 are diminished	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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.;	2

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	4
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2 wks done; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abn CT radiculopathy LBP; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	bypass 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.; bypass clinicals; It is not known if there has been any treatment or conservative therapy.; bypass clinicals	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	having left back pain, difficult sitting, overall daily living affected from pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	injury 9/20/2016 gave muscle relaxers and naproxen had x ray disc degenerative disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	member went to pain management and saw an ortho DR for treatment but no relief. Member is now seeing a neurologist whom wants the MRI'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.; Unknown; There has been treatment or conservative therapy.; extreme back pain; Ortho treatment	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No clinicals; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none given; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bilateral lower extremity weakness an 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2016; It is not known if there has been any treatment or conservative therapy.; Pt suffers with acute back pain.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain going down posterior thighs.; This study is being ordered for trauma or injury.; 10/20/16; There has been treatment or conservative therapy.; Back pain; PT chiropractor.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain off on for 4 yrs, this flare up started in august 2016 and no relief from nerve conduction test and xray; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS LOW BACK PAIN IT HAS BEEN GOING ON OFF AND ON FOR A YEAR OR SO. HE HAS BEEN ON MUSCLE RELAXERS, ROBAXIN AND TYLENOL#4, WITH NO CHANGES IN SYMPTOMS. ON EXAM PT HAS NERVE ROOT PAIN, DYSESTHESIAS, AND PARESTHESIAS ON BILATERAL LATEREAL 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient stats hard to walk or stand; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt going to pain management still reports much pain. unable to work; The study requested 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 BLE, Chronic Pain radiating down both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o spinal chord stenosis, etc; The study requested 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 weakness and decreased mobility. Weakness on the Rt leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	3
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax clinical information; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Advanced Practice Registered Nurse	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; Nausea, diarrhea, gas like pain, epigastric pain, dyspepsia, 2cm lesion on the R lobe of the liver; Medications	1
Advanced Practice Registered Nurse	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	increased pain over last few 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.; 6/8/16; There has been treatment or conservative therapy.; Pain; Pain management	2
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient is barely able to lift arm; 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 treatment was 6 weeks of shoulder exercises and stretching. The patients condition is not any better.; The patient received oral analgesics.	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. > Patient fell has right shoulder pain, has been in pain for last 6 months	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pain possible injury possible rotator cuff	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; The patient has right chronic shoulder pain x years and is getting worse with time. She has pain, numbness and tingling that radiates down her right arm to her hand/fingers. MRI of neck negative in 2013. She has had no relief with physical therapy or NSAID	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; complain of some chronic right shoulder pain	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.;	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment 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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; 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

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10-14-16.; There has been treatment or conservative therapy.; Bilateral Knee pain  Neck pain  Headaches; Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs	2
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; MVA 10/14/16; There has been treatment or conservative therapy.; Pain in rt knee , and cervicalgi 2 months with no improvement; Hydrocodone 5-325 MG 1 tablet every 6hours as needed with no improvement	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomyelitis, tendonitis, neuroma or plantar fasciitis.	1

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; May 2016; There has been treatment or conservative therapy.; double vision dizziness headache phonophobia photophobia limping joint tenderness popping decreased mobility difficulty initiating sleep; Pt had hip xray.   has been treated for migraines with Topamax and imitrex	1
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	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.; Several years; There has been treatment or conservative therapy.; Chronic pain, crepitus, numbness and headaches; PT in 2015	1

Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ELEVATED LIVER ENZYMES ON LAB DRAW X 2 WITH INCREASE IN LEVEL ON 2 DRAW; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been referred to dietary and exercise counseling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; onset 10/26/16 for 3 weeks; There has been treatment or conservative therapy.; abd pain upper and lower abd,nausea,vomiting,bloating and appetite loss.; ranitidine hcl	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pts had RLQ abd pain for over a week. I saw her in clinic on 12-21, she had some right upper and right lower quad tenderness at that time but it had just started 24hrs before. WBC was 10.2 and neuts were 6.6. She was to RTC the next day if her pain worsen; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or 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.	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 53y/o female presents to clinic today c/o n/v/d since Saturday morning, she reports the last 2 days she has had chills, is unsure if she was running fever, she c/o generalized abdominal pain that she describes as sore/cramping, her abdomen is soft/non-dis	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain with nausea and vomiting	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	No info given.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Advanced Practice Registered Nurse	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Advanced Practice Registered Nurse	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	pt has been referred to dietary and exercise counseling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; onset 10/26/16 for 3 weeks; There has been treatment or conservative therapy.; abd pain upper and lower abd,nausea,vomiting,bloating and appetite loss.; ranitidine hcl	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	3

Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	2
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; 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)	1
Allergy & Immunology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Allergy & Immunology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient with CVID, CHRONIC MAXILLARY SINUSITIS, LYMPHOPENIA, 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.	1
Ambulatory/Walk-in Clinic	Approval	70450 CT BRAIN, HEAD		Pt was recently hit in the head with a softball, and since the injury pt has had a headache that is not relieved by medications.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Ambulatory/Walk-in Clinic	Approval	71250 CT CHEST, THORAX		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Ambulatory/Walk-in Clinic	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Pt was seen for post MVA with Neck pain. X-ray showed disc disease. MRI has to be completed before referral can be sent.; It is not known if the patient have new or changing neurological signs or symptoms.	1
Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; sept 2 2016; There has been treatment or conservative therapy.; headaches; otc ibuprofen	1

Anesthesiology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Anesthesiology	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	2

Anesthesiology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	rule out granuloma formation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2016; There has been treatment or conservative therapy.; Pain in the thoracic and low back region.; Surgery, medication therapy, a pain pump.	1
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	rule out granuloma formation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2016; There has been treatment or conservative therapy.; Pain in the thoracic and low back region.; Surgery, medication therapy, a pain pump.	1
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	2
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is 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.	1

Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	7
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/26/2016; There has been treatment or conservative therapy.; Chronic neck pain radiating to hand and chronic back pain radiating to lower extremities; PT and medications	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2006; There has been treatment or conservative therapy.; numbness tingling shooting pain cramping; HEP	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; numbness tingling; pain medication n , hydrocodone 10325, IBuprofen	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1986; There has been treatment or conservative therapy.; Neck and back pain, arm numbness, leg numbness; Medication, PT	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1985; There has been treatment or conservative therapy.; low back pain on right side , numb feet, burning stabbing pain , pain in neck to shoulders, disc bulge; medications, going to specialist, braces , PT	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATION	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; CONSTANT, SHARP, SHOOTING PAIN FROM NECK GOING DOWN BOTH LEGS.; LESI SERIES, LFJI SERIES AND RFA'S X2, MEDICATIONS, PT	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS AND INJECTIONS	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS, VARIOUS INJECTIONS	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK, BACK AND KNEE;	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2015; There has been treatment or conservative therapy.; NECK AND BACK PAIN; X-RAYS AND MEDICATION	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCT 25 2016; There has been treatment or conservative therapy.; Pain and numbness Limited ROM; Medication and PT	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Anterior flexion and Hyperextension at cervical spine causes neck pain radiates to upper extremities. Bilateral Spurlings test positive . Muscles strength and tone are normal. Palpable taut bands /trigger points in bilateral Trapezius muscles. Palpable t; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient reports neck pain, back pain, joint pain, joint swelling and muscle pain or tenderness. The patient reports headache and leg weakness. The treatments tried in the past include bed rest, Ice and heat therapy, massage, physical therapy and home ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	back pain and displacement, neck pain and displacement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/11/2016; There has been treatment or conservative therapy.; back pain and displacement, neck pain and displacement; medication, hot/cold compresses	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; MRI 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 change in condition or a deterioro</p>	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</p>	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Post op complication; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; After surgery in June 2016; There has been treatment or conservative therapy.; Pain and numbness in L arm; Medication Hydrocodone	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt. has tried all options such as medications, and 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.; Pt. can not grasp anything with his had due to weakness. Pt. can not hold anything.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; Follow-up to Surgery or Fracture within the last 6 months; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	29
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	11
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; pain radiating down back of leg to right side; medication	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; PAIN IN BACK GOES DOWN LEGS WITH NUMBNESS.; Physical therapy, medications and injections.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; Previous neuro surgery, continued chronic pain.	1

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	5

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1990; There has been treatment or conservative therapy.; Pt has pain radiating down from the back into the legs; chiro, trigger point injection, nerve simulator and several xrays	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		7
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling down both of her legs and down to her feet about 8 days ago getting worse day by day need to make sure not abcess , does limp on the right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/1/2016; There has been treatment or conservative therapy.; low back pain, radicular pain, hip pain; home exercise, insets, pain medication	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	2

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/26/2016; There has been treatment or conservative therapy.; Chronic neck pain radiating to hand and chronic back pain radiating to lower extremities; PT and medications	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; pain radiating down back of leg to right side; medication	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2006; There has been treatment or conservative therapy.; numbness tingling shooting pain cramping; HEP	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2015; There has been treatment or conservative therapy.; numbness tingling; pain medication n , hydrocodone 10325, IBuprofen	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1986; There has been treatment or conservative therapy.; Neck and back pain, arm numbness, leg numbness; Medication, PT	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/1985; There has been treatment or conservative therapy.; low back pain on right side , numb feet, burning stabbing pain , pain in neck to shoulders, disc bulge; medications, going to specialist, braces , PT	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/2012; There has been treatment or conservative therapy.; numbness , tingling ;; Home Exercise	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATION	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; CONSTANT, SHARP, SHOOTING PAIN FROM NECK GOING DOWN BOTH LEGS.; LESI SERIES, LFJI SERIES AND RFA'S X2, MEDICATIONS, PT	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS AND INJECTIONS	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2013; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; MEDICATIONS, VARIOUS INJECTIONS	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK, BACK AND KNEE;	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; NOVEMBER 2015; There has been treatment or conservative therapy.; NECK AND BACK PAIN; X-RAYS AND MEDICATION	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OCT 25 2016; There has been treatment or conservative therapy.; Pain and numbness Limited ROM; Medication and PT	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; PAIN IN BACK GOES DOWN LEGS WITH NUMBNESS.; Physical therapy, medications and injections.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain and displacement, neck pain and displacement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/11/2016; There has been treatment or conservative therapy.; back pain and displacement, neck pain and displacement; medication, hot/cold compresses	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	bilateral low back pain radiating to bilateral thighs. Patient feels symptoms are worsening. MRI is needed for treatment; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	History of Present Illness; The patient presents today for a follow up appointment s/p Lumbar Rhizotomies. She states the procedures did help her; pain at about 50 percent overall, however she is still experiencing some pain in her right hip and buttocks.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Imaging needed for continue of treatment possible spinal injection or neurosurgery evaluation; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient will continue home exercise and is going to Physical Therapy 3 times a week for 6 weeks.

1

Anesthesiology

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

increased bilateral radiating low back pain. Patient has not received pain relief from physical therapy or spinal injections.; MRI is needed for possible Neurosurgery evaluation; 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

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI is being requested due to patient having Lumbago. Evaluation is necessary with imaging to help diagnosis patient complete situation.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had greater than 3 months of lower back pain with bilateral lower extremity radicular symptoms. Patient has not improved on oral meds or home exercise.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post op complication; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; After surgery in June 2016; There has been treatment or conservative therapy.; Pain and numbness in L arm; Medication Hydrocodone	1
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Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Preprocedure evaluation for possible epidural steroid injection.; The study 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 1-2/4 bilaterally and symmetric.   CN's II-XII intact, sensation grossly intact to light touch except some right L5 dysesthesias.	1
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Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>She has long standing low back pain. She has tried conservative measures like PT for 4-6 weeks. She just finished. Due to this failure of conservative care we will need to check an MRI of the lumbar spine. We can start some tramadol for the prn pain in; The study requested 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 has a 6 year h/o lbp. She has axial pain. She thinks the pain started about 6 years ago after she had her son.; She has tried PT for 4-6 weeks. She just finished that. She takes exceedrin for painShe has long standing low back pain. She has tried conse; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	6
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.</p>	2

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	16
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	138
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	5
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	6
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	8

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1990; There has been treatment or conservative therapy.; Pt has pain radiating down from the back into the legs; chiro, trigger point injection, nerve simulator and several xrays	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	We discussed checking an MRI of the lumbar spine. She has had an EMG that was abnormal and showing an L5-S1 radiculopathy. She also had an Xray that showed L5-S1 arthritis. She has some decreased sensation over the left ant thigh vs the right. Because of; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pelvic pain; 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.	1
Anesthesiology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Anesthesiology	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1

Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	9
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Approval	73700 CT LEG OR LOWER EXTREMITY		1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK, BACK AND KNEE;	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2

Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/1/2016; There has been treatment or conservative therapy.; low back pain, radicular pain, hip pain; home exercise, insets, pain medication	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
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Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
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Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
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Anesthesiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		CONSTANT 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	1
Anesthesiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.	1
Anesthesiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Anesthesiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	unkonw; This study is 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	1

Anesthesiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	unkonw; This study is 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	1
Anesthesiology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	2
Anesthesiology	Disapproval	70544 Mr angiography head w/o dye	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.; sept 2 2016; There has been treatment or conservative therapy.; headaches; otc ibuprofen	1
Anesthesiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Anesthesiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unkonw; This study is 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	1

Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Anesthesiology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	MDO requested to bypass Medical Necessity Questions; 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.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Anesthesiology

Disapproval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

Radiology Services
Denied Not
Medically
Necessary

- RECOMMEND MRI CERVICAL SPINE - MRI 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.; Greater than one year; There has been treatment or conservative therapy.; Scott, David Male 06-23-1982; Scott, David; Sex: Male, Date of Birth: 06-23-1982, Account No:; Attending Provider: Ira Chatman, MD; Encounter Date: 12-19-2016; Referring Physician Name: Ms. Robbins, APN, Bobbi J; Chief Complaint: Pain; History of Present ; Treatment History: Professional caregivers seen in the past include family physician and general surgeon. The following tests have been done in the past: MRI scan or CT scan and X-rays . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zan

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10.21.2016; There has been treatment or conservative therapy.; PAIN NUMBNESS AND TINGLING RADIATES DOWN ALL EXTREMITIES; MRDICATION/ PT	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/2012; There has been treatment or conservative therapy.; numbness , tingling ;; Home Exercise	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 2006; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK. BACK PAIN SOMETIMES RADIATES INTO THE LEGS AND FEET.; MEDICATIONS	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY AND MEDICATIONS	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES.; NCV STUDIES, MRI'S, MEDS, INJECTION, CHIROPRACTOR, TENS UNIT, NECK SURGERY	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	; This study is 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.; BACK PAIN RADIATES TO L LEG DOWN TO FOOT WITH NUMBNESS IN FOOT. CONSTANT STINGING PAIN.; NECK PAIN THAT RADIATES TO L HAND WITH OCCASIONAL TROUBLE GRIPPING THINGS; PHYSICAL THERAPY, MEDICATIONS, SEEN BY NEURO	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2004; There has been treatment or conservative therapy.; NECK PAIN GOES DOWN INTO SHOULDERS.; BACK PAIN RADIATES INTO BOTH LEGS, WORSE ON THE R SIDE. NUMNESS IN R LEG; PHYSICAL THERAPY AND PAIN MANAGEMENT WITH ANOTHER DR WHO DID INJECTIONS AND MEDICATIONS.	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Cervical Spine: Inspection of C-spine reveals abnormality. The cervical spine is stiff and non-tender on palpation. Palpation of the cervical facet reveals no pain. Cervical spine is noted to be stable. Cervical Trigger Points :no palpable trigger point; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 years ago; It is not known if there has been any treatment or conservative therapy.; History of Present Illness; Mr. Jones presents today for initial patient evaluation consultation on referral from Valerie French, APN in Salem. Patient; is also been seen recently by Dr. MacKercher of the local GI service, prior to his retirement. Patien</p>	1
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Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>increased neck pain limited ROM. MRI needed for spinal epidural treatment; 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.</p>	1
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Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt radiating into the arms with weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; to the neck down to right arm and hand with 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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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.; medication, home exercises, worsening. 1 year; Mobic	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiates to upper extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pt has aching throbbing burning, lower back pain, aggravated by physical activity.; Pt has pain medications.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating pain to back and both thighs; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; numbness and weakness; medication, therapy, h. exercise, pt, injections	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out herniated discs or injury; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; One year ago; There has been treatment or conservative therapy.; Crushing type pain with radiation around ribs and down RUE; Ice Heat TENS unit NSAIDS Hydrocodone Physical Therapy Exercise	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Vitals; Height (inches): 66.00 Weight (lbs): 183.00 BP: 128/76 mm Hg. BP Diastolic: 76 mmHg. BP Systolic: 128 mmHg.; Weight (kg): 83.18 kg.; Physical Examination; General: The patient is well developed and well-nourished. She is alert and oriented. She is; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than one year; There has been treatment or conservative therapy.; History of Present Illness; Ms. Dabney presents today with spouse for a two month follow up appointment.; Currently she is prescribed oxycontin 15 3/day which she reports the regimen to be partially effective. States she has; discontinued amitriptyline du; Treatment History: Professional caregivers seen in the past include family physician. The following tests have been; done in the past: MRI scan or CT scan . She has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Oxycodone,; Oxycontin and Morphine	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has been treatment or conservative therapy.; pain lower back pain 7 out 10 .; physical therapy. pain management , medication ,acupuncture	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK THAT GOES DOWN INTO LEGS WITH NUMBNESS IN LEGS; MEDICATIONS	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; APPROXIMATELY 2006; There has been treatment or conservative therapy.; RIGHT SIDED LOWER BACK PAIN THAT RADIATES DOWN INTO THE R HIP AND PAIN IN THE R SIDE OF HER BACK, PAIN IS INTERMITTENT BUT WILL BE SO BACK SHE CAN'T RAISE HER R ARM. DESCRIBED AS A TIGHTNESS BUT WILL THROB AT TIMES; PHYSICAL THERAPY AND MEDICATIONS.	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic facet joints at T4-5, T5-6, and T6-7 levels reproduced back pain. MRI lumbar and thoracic spine is being requested to further evaluate the 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.; 03-19-2013; There has been treatment or conservative therapy.; Patient has axial mid and lower back pain.Describes the quality of pain as aching, pressure, deep, cramping and sharp .; TRIED AND FAILED CONSERVATIVE TREATMENTS, PT/ HOME EXERCISE PROGRAM. ALEVE, TIZANIDINE, GABAPENTIN, HYDROCODONE, OXYCODONE, FROM 03-19-2013-PRESENT</p>	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient C/O constant left side mid back pain. She feels her symptoms are worsening. Has had neg gastric emptying study. Patient has been to the ER 7-8 times due to this pain.&#x0D; Radiology is needed for continue of care and possible spinal injection; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.</p>	1

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out herniated discs or injury; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; One year ago; There has been treatment or conservative therapy.; Crushing type pain with radiation around ribs and down RUE; Ice; Heat; TENS unit; NSAIDS; Hydrocodone; Physical Therapy; Exercise	1
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Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The pain radiates to the back. There is tenderness noted at paraspinal muscles and facet joint lines. h/o T5-6 Laser surgery for Thoracic radicular pain in 2013 and pain is coming back - does not endorse radicular s/s at present; Pain is myofascial and fa; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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Anesthesiology

Disapproval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Radiology Services
Denied Not
Medically
Necessary

- RECOMMEND MRI CERVICAL SPINE - MRI 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.; Greater than one year; There has been treatment or conservative therapy.; Scott, David Male 06-23-1982 Scott, David Sex: Male, Date of Birth: 06-23-1982, Account No: Attending Provider: Ira Chatman, MD Encounter Date: 12-19-2016 Referring Physician Name: Ms. Robbins, APN, Bobbi J Chief Complaint: Pain History of Present ; Treatment History: Professional caregivers seen in the past include family physician and general surgeon. The following tests have been done in the past: MRI scan or CT scan and X-rays . He has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Zan

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	2

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2014; There has been treatment or conservative therapy.; pain lower back pain 7 out 10 ..; physical therapy. pain management , medication ,acupuncture	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10.21.2016; There has been treatment or conservative therapy.; PAIN NUMBNESS AND TINGLING RADIATES DOWN ALL EXTREMITIES; MRDICATION/ PT	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 2006; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK. BACK PAIN SOMETIMES RADIATES INTO THE LEGS AND FEET.; MEDICATIONS	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; PHYSICAL THERAPY AND MEDICATIONS	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK THAT RADIATES.; NCV STUDIES, MRI'S, MEDS, INJECTION, CHIROPRACTOR, TENS UNIT, NECK SURGERY	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; BACK PAIN RADIATES TO L LEG DOWN TO FOOT WITH NUMBNESS IN FOOT. CONSTANT STINGING PAIN.; NECK PAIN THAT RADIATES TO L HAND WITH OCCASIONAL TROUBLE GRIPPING THINGS; PHYSICAL THERAPY, MEDICATIONS, SEEN BY NEURO	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2004; There has been treatment or conservative therapy.; NECK PAIN GOES DOWN INTO SHOULDERS.; BACK PAIN RADIATES INTO BOTH LEGS, WORSE ON THE R SIDE. NUMNESS IN R LEG; PHYSICAL THERAPY AND PAIN MANAGEMENT WITH ANOTHER DR WHO DID INJECTIONS AND MEDICATIONS.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; PAIN IN BACK THAT GOES DOWN INTO LEGS WITH NUMBNESS IN LEGS; MEDICATIONS	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; APPROXIMATELY 2006; There has been treatment or conservative therapy.; RIGHT SIDED LOWER BACK PAIN THAT RADIATES DOWN INTO THE R HIP AND PAIN IN THE R SIDE OF HER BACK, PAIN IS INTERMITTENT BUT WILL BE SO BACK SHE CAN'T RAISE HER R ARM. DESCRIBED AS A TIGHTNESS BUT WILL THROB AT TIMES; PHYSICAL THERAPY AND MEDICATIONS.	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	candidate for injections, low back pain, radiculopathy, medication (various); The study requested 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. hard to raise leg if very difficult; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical Spine: Inspection of C-spine reveals abnormality. The cervical spine is stiff and non-tender on palpation. Palpation of the cervical facet reveals no pain. Cervical spine is noted to be stable. Cervical Trigger Points :no palpable trigger point; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 20 years ago; It is not known if there has been any treatment or conservative therapy.; History of Present Illness; Mr. Jones presents today for initial patient evaluation consultation on referral from Valerie French, APN in Salem. Patient; is also been seen recently by Dr. MacKercher of the local GI service, prior to his retirement.; Patien	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Could not provide any reason; This study is being ordered for trauma or injury.; don't have date; There has not been any treatment or conservative therapy.; Pain in lower back	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low sharp back going down l 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.; 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.; oxycodone 325	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New patient; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic facet joints at T4-5, T5-6, and T6-7 levels reproduced back pain. MRI lumbar and thoracic spine is being requested to further evaluate the 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.; 03-19-2013; There has been treatment or conservative therapy.; Patient has axial mid and lower back pain.Describes the quality of pain as aching, pressure, deep, cramping and sharp .; TRIED AND FAILED CONSERVATIVE TREATMENTS, PT/ HOME EXERCISE PROGRAM. ALEVE, TIZANIDINE, GABAPENTIN, HYDROCODONE, OXYCODONE, FROM 03-19-2013-PRESENT	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region.ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion). There is pain noted with lumbar extension. Left lateral flexion causes pain. There 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.; Reports muscle pain, muscle cramp, muscle weakness, shoulder pain, back pain, joint pain, joint stiffness, morning stiffness and night cramps.; 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.</p>	1
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Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has increasing severe low back and bilateral leg pain. Numbness in his groin area when sitting.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; none; The patient does not have new signs or symptoms of 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
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Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has Low back pain that radiates in to right hip and leg. He also has LBP with extension. He has been experiencing this pain for last several years. He reports onset of pain gradual. The patient describes the pattern of pain as constant with inter; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient reports headache, arm weakness and leg weakness. Palpation of bilateral sacroiliac joints reproduced pain. Bilateral Patricks test positive. Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Hyperext; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is no longer receiving pain relief with spinal injections. She feels her symptoms are worsening. A new MRI is needed for a Neurosurgery evaluation; The study 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.</p>	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Precert needed for lumbar MRI at BRMC to assess cystic lesion at third sacral segment; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiates to upper extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pt has aching throbbing burning, lower back pain, aggravated by physical activity.; Pt has pain medications.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating pain to back and both thighs; This study is being ordered for a neurological disorder.; 01/2016; There has been treatment or conservative therapy.; numbness and weakness; medication, therapy, h. exercise, pt, injections	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sharp shooting pain in legs/ weakness/ on pain medications/ insaids have yet to help/ Pt has been to PT and does home exercise at home but is giving 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
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Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown faxing in clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown faxing in clinicals; It is not known if there has been any treatment or conservative therapy.; unknown faxing in clinicals	1
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Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Vitals; Height (inches): 66.00 Weight (lbs): 183.00 BP: 128/76 mm Hg. BP Diastolic: 76 mmHg. BP Systolic: 128 mmHg.; Weight (kg): 83.18 kg.; Physical Examination; General: The patient is well developed and well-nourished. She is alert and oriented. She is; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than one year; There has been treatment or conservative therapy.; History of Present Illness; Ms. Dabney presents today with spouse for a two month follow up appointment.; Currently she is prescribed oxycontin 15 3/day which she reports the regimen to be partially effective. States she has; discontinued amitriptyline du; Treatment History: Professional caregivers seen in the past include family physician. The following tests have been; done in the past: MRI scan or CT scan . She has tried NSAIDs- ibuprofen, aleve, tylenol, sports creams, Oxycodone,; Oxycontin and Morphine	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONSTANT ABDOMINAL PAIN.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Could not provide any reason; This study is being ordered for trauma or injury.; don't have date; There has not been any treatment or conservative therapy.; Pain in lower back	1
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	None; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown faxing in clinicals; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown faxing in clinicals; It is not known if there has been any treatment or conservative therapy.; unknown faxing in clinicals	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/26/2015; There has been treatment or conservative therapy.; Painful ROM in knees; Medicine. Hydrocodone	2
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	PATIENT HAS PAIN WHILE DOING EVERYDAY ACTIVITIES, WALKING, SITTING AND SLEEPING. MEDICATIONS ARE NOT HELPING WITH THE PAIN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/5/2016; There has been treatment or conservative therapy.; PAIN WHILE WALKING/SITTING/SLEEPING; PAIN MEDICATIONS/INFLAMMATORY MEDICATIONS	2

Anesthesiology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Straight leg raise test; positive on the left side reproducing typical radicular pain. Bilateral beatty maneuver negative; This study is being ordered for a neurological disorder.; 01-01-2016; There has been treatment or conservative therapy.; Gait unsteadiness; Weakness and Numbness in Lower Extermities; NSAIDs- ibuprofen, aleve, tylenol, sports creams and Hydrocodone in the past. The treatment tried in the past includes Heat, Ice and Massage.; List of Current Medications; Mobic 15 mg tablet 1 Tablet Once A Day PRN for 30 Days , Prescribe 30 Tablet, R	2
Cardiac Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Cardiac Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the brain.	2
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; prior to 11/17/16; There has not been any treatment or conservative therapy.; numbness up the pain and neck/ no pulse	1

Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Pt was found to have extremely elevated ICA/CCA ratio on the right by Doppler of 5.8, indicating greater than 70% diameter narrowing. On the left, stenosis is suggested to be approx. 50% diameter narrowing. Pt needs CTA Head and Neck to delineate carotid ; This study is being ordered for Vascular Disease.; 9/30/16; There has not been any treatment or conservative therapy.; Pt has severe multi-level cardiovascular dz, having just undergone coronary artery bypass grafting. Carotid stenosis was found on preoperative testing by Doppler without acute symptoms but history of symptoms consistent with TIA events.	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	5
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	4
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	3 month Follow up with 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 non of the above.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	8
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	chest mass was seen in July 2016 on CT scan. This is a follow up CT to evaluate mass growth.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	follow -up to surgical procedure,; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	left lower lobe nodule measuring up to 8 mm in size. Also aneurysm of the ascending thoracic aorta measuring up to 5.5 cm; 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.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Pt is status post sternal plating and is having superficial swelling in his chest. Test ordered to accesss for abcess.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	There is not a known inflammatory disease.; There is not a known tumor.; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; There is known vascular disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	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.	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence of an infection or other complication.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Abdominal aortic aneurysm with bilateral iliac artery aneurysms; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Ascending thoracic aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pre-op evaluation; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt needs CTA to delineate complicated anatomy to assess possible aortic root obstruction s/p two previous Gore Tex tube reconstructions as a young child for pulmonary artery atresia. Pt now has severe bilateral pulmonary artery stenosis and is being consi; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	thoracic aortic aneurysm without 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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	; This is a request for an MR Angiogram of the chest or thorax	1
Cardiac Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Cardiac Surgery	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; prior to 11/17/16; There has not been any treatment or conservative therapy.; numbness up the pain and neck/ no pulse	1
Cardiac Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Cardiac Surgery	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Cardiac Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt. have a fragmented vena cava filter; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	6
Cardiac Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1

Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
Cardiac Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Ct scan of abdomen shows a 10mm nodule in the right lower lobe of lung. Family hx of Tuberculosis. History of alcohol abuse. Chronic productive cough.	1
Cardiac Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Cardiac Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	15
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on 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.	1
Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered 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.	1
Cardiac Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered 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.	1
Cardiac Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1

Cardiac Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient arm and hand is now feeling and numbness and left over extremity weakness; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Cardiac Surgery	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Pt was found to have extremely elevated ICA/CCA ratio on the right by Doppler of 5.8, indicating greater than 70% diameter narrowing. On the left, stenosis is suggested to be approx. 50% diameter narrowing. Pt needs CTA Head and Neck to delineate carotid ; This study is being ordered for Vascular Disease.; 9/30/16; There has not been any treatment or conservative therapy.; Pt has severe multi-level cardiovascular dz, having just undergone coronary artery bypass grafting. Carotid stenosis was found on preoperative testing by Doppler without acute symptoms but history of symptoms consistent with TIA events.	1
Cardiac Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Cardiac Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1

Cardiology	Approval	70450 CT BRAIN, HEAD	Mrs Linenfelser presents to clinic c/o syncopal episode that was witnessed by her co-workers that lasted from 1338 to 1407. She states she drives for a living and stopped to let people off van when symptoms began. She woke up with slurred speech, memory l; 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
Cardiology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.	1
Cardiology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Cardiology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Cardiology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1

Cardiology	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2016; There has not been any treatment or conservative therapy.; unknown	1
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1

Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Occlusion and stenosis of unspecified carotid artery; Peripheral vascular disease, unspecified: PAD; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Abnormal result of cardiovascular function study, unspecified: Abnormal M; This study is being ordered for a neurological disorder.; 08/26/2016; There has not been any treatment or conservative therapy.; Occlusion and stenosis of unspecified carotid artery; Peripheral vascular disease, unspecified: PAD; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Abnormal result of cardiovascular function study, unspecified: Abnormal M	1
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Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	worsening syncopal episodes, dyspnea on exertion, shortness of breath, carotid stenosis, carotid bruit, TIA like symptoms, hypertension, hyperlipidemia, CC3 angina, family history of diabetes, current heavy smoker; This study is being ordered for Vascular Disease.; Carotid stenosis, carotid bruit, TIA like symptoms, syncope, hypertension, hyperlipidemia, family history of diabetes, family history of stroke, current heavy smoker; There has been treatment or conservative therapy.; worsening syncopal episodes, CC3 angina, shortness of breath, dyspnea on exertion, TIA like symptoms; nuclear stress test which resulted abnormal; worsening syncope episodes; medical therapy, medication management	1
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Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	2
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Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2016; There has not been any treatment or conservative therapy.; unknown	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	2

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	worsening syncopal episodes, dyspnea on exertion, shortness of breath, carotid stenosis, carotid bruit, TIA like symptoms, hypertension, hyperlipidemia, CC3 angina, family history of diabetes, current heavy smoker; This study is being ordered for Vascular Disease.; Carotid stenosis, carotid bruit, TIA like symptoms, syncope, hypertension, hyperlipidemia, family history of diabetes, family history of stroke, current heavy smoker; There has been treatment or conservative therapy.; worsening syncopal episodes, CC3 angina, shortness of breath, dyspnea on exertion, TIA like symptoms; nuclear stress test which resulted abnormal; worsening syncope episodes; medical therapy, medication management	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	21

Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	For the past two days, a constant what is described as vertigo and some intermittent nausea and vomiting. Similar episode lasting two days about a month ago. Patient has had similar symptoms dating back to 2012; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has 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
Cardiology	Approval	71250 CT CHEST, THORAX		1

Cardiology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Cardiology	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	2
Cardiology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Cardiology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Cardiology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Cardiology	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Cardiology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Cardiology	Approval	71250 CT CHEST, THORAX	6 month follow up on aortic root dilatation on echo, History of ST elevation myocardial infarction (STEMI), left ventricular systolic dysfunction, essential hypertension, dyslipidemia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	3
Cardiology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Cardiology	Approval	71250 CT CHEST, THORAX	assess ascending aorta, abnormal findings on diagnostic imaging of heart and coronary circulation, atrial fibrillation / atrial flutter, history of hypertension, anemia and resting tachycardia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	chest ct being ordered due to status post repair of the thoracic .; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	EVALUATION OF TAA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Cardiology	Approval	71250 CT CHEST, THORAX	Patient comes in today for a follow up of testing. 09/16/2016 Echo showed LVEF 60-65%, Mild mitral valve prolapse with trace MR, otherwise unremarkable. Stress test was normal as well. Holter monitor showed rare PVC'; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	Patient presents with chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	pt is having shortness of breathe, chest pain and mummer; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Cardiology	Approval	71250 CT CHEST, THORAX	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		3
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< 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

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< 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.	2
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<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.; a month ago it started- 12/1/2016; There has been treatment or conservative therapy.; shortness of breath, precordial pain, Lower leg DVT (deep venous thromboembolism), chronic, right</p> <p>The patient admits to chest discomfort that is intermittent, with radiation to chest, rated as a scale of 6/10 in intensity that is sharp in nature. Associ; patient is on coumadin for DVT/PE: hypercoagulable/blood clotting disorders; Father died at age of 46 years of MI; Brother died at 47, had CABG; Factor V leiden with left leg DVT in 1990s</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>; 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.</p>	3
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</p>	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	1. Chest Pain  2. Dyspnea  3. Hypertension  Mr Dearing is a 40 year old male here today as a new patient. He history of hypertension. He presents today with complains of CP, SOB with palpitations, dizziness, edema, low energy; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	58 y.o. male with no prior cardiac history last seen for LE edema and DOE here for 3 month f/u appt.  On last visit reported stable symptoms. Since last visit Vein map showed reflux in RLE. Dilt started since last visit. ABI post exccercise R-1.27 ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	AAA 4.1cm by echocardiogram; 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.; It is not known whether surgery is scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Atrial fibrillation; 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	CT of Chest being ordered to evaluate thoracic aorta due to echocardiogram revealing ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	CTA Chest for a pulmonary vein mapping prior to a pulmonary vein ablation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Dr. Jolly is followed for hypertension and an ascending aortic aneurysm. He feels fine. He does not have active symptoms. His exercise tolerance is quite good. He has mild peripheral edema, seen last time, has gone away. He is on a combination of met; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/planned.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Enter answer here - or Type In Unknown If No Info Given; Evaluation of Ascending Aortic Aneurysm...last measurement....42.9 mm 3/2015; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Enter answer here - or Type pulmonary vein mapping prior to a pulmonary vein ablation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	EP planning for a pulmonary vein ablation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology

Approval

71275 CT ANGIOGRAPHY CHEST
W/CONTRAST/NONCONTRAST

GREAT VESSELS: Aortic Root: Dilated proximal ascending aorta measuring 3.9 cm. Descending Aorta: Normal size. No calcification. Pulmonary Artery: Normal size. No filling defects suggestive of pulmonary embolus within the visualized proximal PA segm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.

1

Cardiology

Approval

71275 CT ANGIOGRAPHY CHEST
W/CONTRAST/NONCONTRAST

he has some mild dilatation, but he is concerned. I think it is reasonable to recheck it.1. Ascending aorta-dilatation.EKG shows Q-waves V1 and V2.borderline aneurysm dilatation of the ascending aorta, up to 4 cm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Vascular Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Heart Failure with a known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	known thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Mr. Frazier is a 59 yo man who was last seen 11/4/15. He is here today for annual visit. He has been doing well. Denies any hospitalizations in the last year. Denies any chest discomfort suggestive of ischemia.  Denies any dyspnea,  ; This study is being ordered for Vascular Disease.; 2013; There has been treatment or conservative therapy.; palpitations; Mr. Frazier is a 59 yo man who was last seen 11/4/15. He is here today for annual visit. He has been doing well. Denies any hospitalizations in the last year. Denies any chest discomfort suggestive of ischemia.  Denies any dyspnea, 	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Mr. Workman is a 48 yo man who was last seen 5/12/2012. He was seen 4 years ago with complaints of exertional chest discomfort. Normal RSE on 5/24/2012. Calcium score in 2012 was .3. Over read on CTA in 2012 showed enlargement of the ascen; 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
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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	patient has known aortic aneurysm study is being ordered for surveillance; 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
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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Patient is referred to us today for new patient establishment. He had a resection of coarctation and placement of Cooley dacron graft at age 16. He has been treated for his HTN. He is wanting to be established with a cardiologist to have follow ups. He ha; 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.</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>physican concerned with a bicusoid bowel, also measuring the anuerysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the past 6 months; There has not been any treatment or conservative therapy.; chest pain, aortic aneurysm</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Possible enlarged aorta; 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.</p>	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	PT HAS AN ENLARGED ASCENDING AORTA AND A HISTORY OF THORACIC AORTIC ANEURYSM; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	pt referred to us by her PCP for evaluation of enlarged aorta seen on a recent CXR in November, 2016. pt presents with a cough.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>pt's last CTA to assess Aortic arch aneurysm was performed 10/29/2012 and showed. Grossly stable size of saccular aneurysm of the aortic arch and also stable mild aneurysmal dilatation of the upper abdominal aorta/distal thoracic aorta .measuring 36 mm. ; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>pulmonary vein mapping for a pulmonary vein ablation.; 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.</p>	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	<p>Roger returns for f/u of CAD s/p CABG with Dr. Nolen. He has recovered well. No angina or exertional limitations. Tolerating meds. US of vertebral in July suggested possible subclavian stenosis.; 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.</p>	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Surgery was not an option so they need this cta to better guide treatment; This study is being ordered for Congenital Anomaly.; Patient comes in today for a 6 month follow up. He was seen by Dr. G to evaluate possible surgical options for her sternal carinatum. Dr. G did not offer him surgery since it was too risky for sternal devascularization and would need further surgeries due; There has not been any treatment or conservative therapy.; Patient comes in today for a 6 month follow up. He was seen by Dr. G to evaluate possible surgical options for her sternal carinatum. Dr. G did not offer him surgery since it was too risky for sternal devascularization and would need further surgeries due	1
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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	TAA measuring 4.3cm-4.5cm being monitored yearly for stability-; 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 no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.	1
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Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	The patient presents for f/u electrophysiology evaluation, referred by Dr Mehmet. Has PAF and is on Multaq for rhythm control. She had a pacemaker implanted in October 2014. Had her leads replaced in December 2014; procedure apparently complicated by tamp; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	2
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	34
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	2
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	thoracic aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	thoracoabdominal aortic aneurysm..; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71550 MRI CHEST	COMPLARE STUDIES-FOLLOW UP; This study is being ordered for Congenital Anomaly.; 48 YEARS AGO; There has been treatment or conservative therapy.; FAMILY HISTORY OF CARDIC DEATH, NO CURRENT CONPLAINETS, VALVE DILATION; OTHER IMAGING STUDIES	1

Cardiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	1
Cardiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1985; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Surgery	1
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1985; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Surgery	1
Cardiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2

Cardiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Mr. Blevins is an established patient here for a follow up appointment for peripheral vascular disease. He underwent a PPI to the right SFA with 6x150 Drug coated balloon and a Supera 5.5x150mm stent and right external iliac treated with Absolute 7x100 s; This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.	1
Cardiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	possible psueoaneurys.; This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.	1
Cardiology	Approval	72196 MRI PELVIS	COMPLARE STUDIES-FOLLOW UP; This study is being ordered for Congenital Anomaly.; 48 YEARS AGO; There has been treatment or conservative therapy.; FAMILY HISTORY OF CARDIC DEATH, NO CURRENT CONPLAINETS, VALVE DILATION; OTHER IMAGING STUDIES	1
Cardiology	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST		1

Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; The pt has aorta stenosis & increased shortness of breath on exertion (1month) and a history of Hodgkinslymphoma & orthopnea.	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Surgery was not an option so they need this cta to better guide treatment; This study is being ordered for Congenital Anomaly.; Patient comes in today for a 6 month follow up. He was seen by Dr. G to evaluate possible surgical options for her sternal carinatum. Dr. G did not offer him surgery since it was too risky for sternal devascularization and would need further surgeries due; There has not been any treatment or conservative therapy.; Patient comes in today for a 6 month follow up. He was seen by Dr. G to evaluate possible surgical options for her sternal carinatum. Dr. G did not offer him surgery since it was too risky for sternal devascularization and would need further surgeries due	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	6

Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Type 2 Diabetes Mellitus complicated by diabetic retinopathy and peripheral neuropathy; This study is being ordered for Vascular Disease.; 01/01/2014; There has been treatment or conservative therapy.; Type 2 Diabetes Mellitus complicated by diabetic retinopathy and peripheral neuropathy; Full medical therapy with medication. Type 2 diabetes mellitus with diabetic nephropathy, with long-term current use of insulin	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST		2
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	physican concerned with a bicusoid bowel, also measuring the aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the past 6 months; There has not been any treatment or conservative therapy.; chest pain, aortic aneurysm	1

Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	9
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is 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.	1
Cardiology	Approval	74181 MRI ABDOMEN	COMPLARE STUDIES-FOLLOW UP; This study is being ordered for Congenital Anomaly.; 48 YEARS AGO; There has been treatment or conservative therapy.; FAMILY HISTORY OF CARDIC DEATH, NO CURRENT CONPLAINETS, VALVE DILATION; OTHER IMAGING STUDIES	1
Cardiology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	1
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	16
Cardiology	Approval	75571 Corornary Artery Calcium Score, EBCT	57 yr old female w/prior negative cath; unremarkable myoview in 2015 who presents w/equivocal CP syptoms and SOB.; This is a request for a CT scan for evalutation of coronary calcification.	1

Cardiology	Approval	75571 Coronary Artery Calcium Score, EBCT	Abnormal EKG, R/O underlying ischemia; This is a request for a CT scan for evaluation of coronary calcification.	1
Cardiology	Approval	75572 CT Heart	This is a request for a Heart CT.	10
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA		1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for CTA Coronary Arteries.; The patient has had 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
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; The pt has aorta stenosis & increased shortness of breath on exertion (1month) and a history of Hodgkinslymphoma & orthopnea.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	Chest Pain, Sob; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	recurrent chest pain and shortness of breath.; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.	2

Cardiology

Approval

75574 CT Angiography Heart coronary
arteries, CCTA

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; 37-year-old female with a history of nicotine dependence who has been having intermittent chest pain. Feels like heavy bricks sitting on her chest associated with some shortness of breath radiating to the left arm. Recurrent episodes of chest pain which s; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; based on the combination of the discrepancy between the physical findings of mitral regurgitation and echo findings, EKG abnormalities and patient's enlarged ascending aorta, the physician feels it prudent to perform a CT study. patient is 62 inches tall ; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Chest pain, and shortness of BReath; Yes, there is Chronic Chest Pain.

1

Cardiology

Approval

75574 CT Angiography Heart coronary
arteries, CCTA

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; intermittent chest pain which he described as a pressure like left-sided chest pain without any radiation rating it 5 to 6/10 in intensity sometimes at rest and sometimes with exertion family history of significant coronary artery disease. His father and ; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; She gets some shortness of breath. She describes them as intermittent pressure like chest pain lasting for five to ten minutes and sometimes occurring with exertion and sometimes with rest. She is also having some tachycardia and palpitations episodes las; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; <Additional Clinical Information>; Yes, there is Chronic Chest Pain.

1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; ; Yes, there is Chronic Chest Pain.	4
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; chest pain; Yes, there is Chronic Chest Pain.	1
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Cardiology

Approval

75574 CT Angiography Heart coronary
arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Mr Barkley is a 48 year old male here today to follow up on chest pain.He says he has constant chest pain located in the center of his chest that feels like a pressure like somebody is pressing down on his chest. He says there have been a few times at nig; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Mr. Moffatt is a new patient referred by Dr. Garcia for cardiac evaluation. His last appointment was in 2012. He says he thinks he was told his heart rate is too low, usually runs in the 50's. He denies any chest pain or shortness of breath. He denies che; Yes, there is Chronic Chest Pain.

1

Cardiology Approval 75574 CT Angiography Heart coronary arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient comes in today for a 1 year follow up. At his last visit he was started on protonix and carafate for symptoms of non cardiac chest pains and gastritis.; Yes, there is Chronic Chest Pain.

1

Cardiology

Approval

75574 CT Angiography Heart coronary
arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient is a 52 Year old male, with uncontrolled diabetes, hyperlipidemia, obesity and with two first degree relatives that expired from a Myocardial Infarction. Patient has complaint of intermittent chest pain, substernal, happens primarily on exertion ; Yes, there is Chronic Chest Pain.

1

Cardiology

Approval

75574 CT Angiography Heart coronary
arteries, CCTA

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient is obese and is diabetic. Went to primary care for his annual and had complaints of having shortness of breath with daily activities. ECG performed and compared to previous ECG. Changes on new ECG and referral made to cardiology were a RSE was p; Yes, there is Chronic Chest Pain.

1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt had an abnormal stress echocardiogram with an ef of 30% &#x0D; &#x0D; 1. Maximal exercise stress test with mild nondiagnostic ST depression seen laterally. No anginal symptoms.&#x0D; 2. The post stress echo images appear to demonstrate severe LV dysfunction.; Yes, there is Chronic Chest Pain.</p>	1
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>There is "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Pt. is 34 and has brother who had CABG at 35, worsening chest pain and SOB, worse with exertion and relieved with rest, EKG done-SR.; No, there is no Chronic Chest Pain.</p>	1
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.;	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; chest pain and shortness of breath	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; 21 YEAR OLD MALE WITH BICUSPID AORTIC VALVE WITH CONGENITAL AORTIC STENOSIS AND INSUFFICIENCY STATUS POST ROSS PROCEDURE, NEW CHANGES ON ELECTROCARDIOGRAM WITH ST DEPRESSION AND T-WAVE CHANGES IN THE INFEROLATERAL LEADS, ELEVATED BLOOD PRESSURE WITHOUT PR	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; quadricuspid aortic valve. Would recommend further diagnostic evaluation with cardiac CTA or cardiac MR, if clinically indicated, to confirm this and to evaluate for other cardiac associations; Yes, the examination is for noninvasive coronary arterial mapping.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; This procedure is being performed for cardiac evaluation before possible cardiac surgery of a patient with known cad; No, the examination is not for noninvasive coronary arterial mapping.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for evaluation after cardiac angioplasty, stent or bypass graft.; Mr. Higby is here for followup. He's back in afib/atypical atrial flutter on today's EKG. Wasn't aware he was out of rhythm. Has been feeling left sided chest pressure for the past few weeks, intermittent. Wife reports he fell a few weeks ago, was intoxicated	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.;	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; patient has coronary artery calcification and strong family history	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterpretable cardiac imaging .; stress echo equivocal due to poor exercise tolerance and hypertensive response to exercise bp up to 206/73 recommending cta of the coronary arteries; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?; <Additional Clinical Information>	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.; Pt has AFIB and has been on long term high risk medication and is having unhearled syncope	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.; Pt with cardiomyopathy chest pain and dyspnea on exertion abnormal stress echo.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.; Seizure disorder; Chronic kidney disease, unspecified; Rhabdomyolysis: Chronic unknown etiology; Hematuria; Myalgia: Muscle pain; Essential (primary) hypertension; Syncope and collapse: Loss of bowel and bladder; Fatigue; Shortness of breath: SOB/DOE;	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; <Additional Clinical Information>	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Mixed perfusion defect in the anteroapical segments suggesting intermediate risk proximal LAD disease. Preserved ejection fraction with normal wall motion and contractility. Poor exercise capacity due to arthritis with Lexiscan chemical stress added on to	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Nuclear stress test was abnormal, as well as EKG and holter monitor	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Technically sub-optimal study secondary to normalization artifact.  Mild intensity reversible perfusion defect of distal anterior segment and LV  apex suggesting small sized mild ischemia in the distal LAD territory.	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1

Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Previous PTA attempted without success due to inability to cross right SFA and worsening of symptoms; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; Worsening claudication symptoms, previous failed peripheral arteriogram; Previous Peripheral Arteriogram, treatment of Cholesterol, previous peripheral by-pass surgery	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	squeezing chest discomfort, left arm numbness, tingling with her fingers, SOB, and nausea. Nitro x 1 relieved symptoms. She states there is no common denominator to her CP. She has increased fatigue, waking up tired with increased SOB just walking to the ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; squeezing chest discomfort, left arm numbness, tingling with her fingers, SOB, and nausea. Nitro x 1 relieved symptoms. She states there is no common denominator to her CP. She has increased fatigue, waking up tired with increased SOB just walking to the ; medication and prior stenting	1
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	61
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		21

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p># Angina (I20.9); # Hypertension (I10); # Diabetes mellitus (E11.9); # Hyperlipidemia (E78.5); # Palpitations (R00.2); # Obesity (E66.9); The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p># Angina (I20.9); # Hypertension (I10); # Hypertrophic cardiomyopathy (I42.2); # Diabetes mellitus (E11.9); # Obesity (E66.9); # Shortness of breath (R06.00); The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	8
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; It is not known if the patient had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	26
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 5/11/2015; There has been treatment or conservative therapy.; chest pain, SOB,; Medications</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; It is not known if the patient is diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	12
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	7

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	2
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	38
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 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.;</p> <p>The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; It is not known if the patient had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; It is not known if patient had a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is not prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is 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.;	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>1 angina: She has a very strong family history of coronary artery disease. One of her sisters died from sudden death at the age of 35. Her other 2 sisters have coronary disease as well. Her mother had coronary disease later in life. She has some vague sym; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>1. Chest Pain &#x0D; 2. Dyspnea &#x0D; 3. Palpitations &#x0D; Ms. Whiteside is a 62 year old female here for follow up. He has no prior history of coronary artery disease. Echo 10/14/14 revealed EF 60-65%. She presents today with complains of chest pain she describe; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>1. Chest Pain &#x0D; 2. Hypertension &#x0D; Ms. Watkins is a 37 year old female here for new patient evaluation for hypertension and chest pain. She has history of preeclampsia in 2012 and was on BP meds then but stopped meds 1 year later. She had a venous in 201; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>1. hypertension &#x0D; 2. arrhythmia &#x0D; Mr. Mitchell is a 65 year old African American male here for a New Patient evaluation for arrhythmia with no known cardiac history. He reports a history of hypertension. He reports he went to pcp office for a cold and h; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	38-year-old white male who over the last few weeks has been experiencing recurring episodes of mid precordial tightness, a cramping sensation, associated with dyspnea, lasting 3-4 minutes, nonradiating, spontaneous resolution, happening in a random fashion; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	45-year-old male with a history of pulmonary hypertension, hepatitis C, history of methamphetamine abuse, hypertension presented to the Sparks Hospital after cardiac arrest. Patient took 0.5 mg of IV methamphetamine and also had significant amount of alcohol; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology

Approval

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

45-year-old white male who over the last few weeks has been experiencing a tightness sensation which radiates into his neck and into his left arm associated with dyspnea. Initially he felt he was a couple muscle, however, subsequently it has become signif; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

1

Cardiology

Approval

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

47 y.o. female with Htn here for cardiac evaluation. She c/o chest pain ~ 2 months ago. Sharp. Severe. Start on her back and radiates to substernal area and left arm. Severe pain lasted for 1-2 minutes but discomfort remained for several hours. St; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

1

Cardiology

Approval

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

47 y.o. male with h/o BPH, OSA (on CPAP), Migraines, CKD (last crt-1.77) and IST here for f/u appt. Seen by Dr. Lo. Did not tolerate propranolol. Still c/o chest pain and palpitations. Off propranolol due to nausea and fatigue. Chest pain is shar; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.

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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	57 yo female here for new pt appt referred for DOE. PMH of htn, hyperlipidemia, URI, glaucoma. Pt presents today with SOB at times, racing of heart, edema in legs and feet, occasional edema in legs and feet, occasional dizziness. The patient complains; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	59-year-old male former smoker and ethanol abuser with medical history remarkable for gastroesophageal reflux disease. He presents to the office with complaints of recurrent chest pain for one week. The pain is substernal in location and began while at rest; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	63 yo female here for a new pt appt for afib and htn. PMH of afib, htn, hypercholesterolemia. Pt presents today with SOB on exertion. ; Cardioline stress test to rule out myocardial ischemia in a patient with strong coronary artery disease risk factors.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 39-year-old lady, very much overweight at 342 pounds BMI 57; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 44-year-old gentleman with a history of untreated high blood pressure presented to the Cardiology Clinic with a two month history of chest pain and dyspnea on exertion which is exertional that happens at very low level activities, no resting symptom, no; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 50-year-old lady with a history of coronary artery disease, percutaneous trans luminal coronary angioplasty stent to the left anterior descending artery, hypertension, and hyperlipidemia returned to clinic with recurrent chest pain associated with 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 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG ; has thyroid and renal disease; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal EKG Right Bundle Branch Block; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	abnormal EKG, abnormal calcium score; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	a-fib, cardiomyopathy, heart function between 25% and 35%, checking for possible blockage; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina over the last several weeks. Incomplete Right Bundle Branch Block on EKG.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	angina pectoris, arteriosclerosis of extremity with rest pain, shortness of breath, dyspnea on exertion, lower extremity edema, systolic CHF chronic, left heart failure, CAD s/p stent, abnormal echo.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, Dizziness, Unable to exercise due to recent knee and ankle surgery.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>angina, dyspnea on exertion, hyperlipidemia, hypertension, coronary artery 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 20 to 29</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>angina, unable to walk on a treadmill due to swelling and pain in limbs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Arteriosclerosis of native coronary artery w/ other form of angina pectoris: Angina CC II; Peripheral vascular disease, unspecified: PAD; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Varicose veins of leg w/ edema; Vari; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Arteriosclerosis of native coronary artery w/o angina pectoris; Chronic diastolic (congestive) heart failure; Essential (primary) hypertension: Accelerated; Obesity; Shortness of breath: SOB/DOE; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Arteriosclerosis of native coronary artery w/o angina pectoris; Essential (primary) hypertension; Other cardiomyopathies; Mixed hyperlipidemia; Other chest pain; Shortness of breath; Impaired glucose tolerance; Weakness: Weakness/fatigue; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Assessment & Plan: # ATRIAL FIBRILLATION (I48.91); # DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE II OR UNSPECIFIED TYPE NOT STATED AS UNCONTROLLED (E11.9); # HYPERTENSION BENIGN ESSENTIAL (I10); # OBESITY UNSPECIFIED (E66.9); # MITRAL INS; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>atypical chest pain, family history of cardiovascular disease. The history is provided by the patient. No language interpreter was used. # Mr. Qualls is 39 yr old male with family hx of CAD is here to establish care. Has noted to have recurrent sharp ch; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	atypical chest pain, shortness of breath on exertion, heart palpitations. Chest Pain (Angina) This is a new problem. The current episode started more than 1 week ago. The problem occurs every several days. The problem has not changed since onset.Associat; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Bilateral carotid stenosis, presurgical eval for CAD, htn, CVA; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, HTN, Cardiomyopathy; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, HTN, Dizziness, Hyperlipidemia, Dyspnea on Exertion.; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, HTN, Hyperlipidemia, Abdominal aortic aneurysm; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, HTN; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, Hyperlipidemia, Abn-EKG, needing test done for DOT; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CANCER; FAST/IRREG HEARTBEAT; HEART ATTACK; HYPERLIPIDEMIA MIXED (E78.2); CONGESTIVE HEART FAILURE UNSPECIFIED (I50.9); This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cardiac clearance for ICD 10 generator exchange.; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is not prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cardiac evaluation of tachycardia, hypertension, and hyperlipidemia. He has history of diabetes mellitus type 2 . complains of dyspnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cardio lite stress test, (the patient has history of silent ischemia and numerous risk factors for restenosis).; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cardiomyopathy, syncope, dyspnea, palpitations, atrial fibrillation.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	central hypertension; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest discomfort, other chest pain, palpitations, essential hypertension, obstructive sleep apnea, dyspnea on exertion, near syncope. Shayne Grantham, a 43 y.o. male presents with a Chief Complaint of Establish Care (states MD told him he had fluid on his; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain PVD abnormal EKG; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain  Heart Attack (Mother) Shortness of breath (R06.00): with exertion Morbid obesity (E66.01): Hypertension (I10);; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN PALPITATIONS; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, abnormal EKG, hypertension, diabetes, patient unable to walk on a treadmill due to leg pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, abnormal EKG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, dyspnea, lower extremity edema, fatigue, positive family history; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, hypertension.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN, SHORTNESS OF BREATH, ABNORMAL EKG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN, SSS, CARDIOMYOPATHY, HTN, MVR, DIABETES, FORMER SMOKER, FAMILY HX OF CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain: Atypical. She does have significant risk factors. EKG shows nonspecific changes likely related to hypertension and LVH. She reports sharp chest pains with exertion across her chest and into her back with increased SOB and vision changes. Sh; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pains dyspnea. shortness of breath; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest soreness, left precordial i.e. chest pain. , lasts 5-10 minutes, not associated exercise, associated dyspnea.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest tightness, chest pain, palpitations, essential hypertension, dizziness, dyspnea on exertion. Patient with a history of HTN, family history of CAD, here for evaluation of palpitation symptoms, associated with LOC. This was two years ago, more recent!; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Chest tightness, shortness of breath, chest pain, hard to breath , relieved with rest . Family HISTORY OF EARLY onset CAD. Lower extremity discomfort and cold feet. Had an EKG. Sinus rhythm with premature atrial complexes PAC incomplete right bundle bra; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Chief Complaint: Chest pain. &#x0D; &#x0D; 1. Chest pain/SOB/Angina pectoris equivalent . &#x0D; &#x0D; 2. Hypertension . &#x0D; &#x0D; 3. Obesity . &#x0D; &#x0D; 4. Strong family history of CAD .&#x0D; &#x0D; History of Present Illness: &#x0D; Patient is a 32 year old Caucasian Female. &#x0D; &#x0D; Complaints today ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Chronic diastolic (congestive) heart failure; Essential (primary) hypertension; Syncope and collapse: Continued; Varicose veins of leg w/ pain; Varicose veins of leg w/ edema; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>cigarette smoker, chest pain, SOB, dizziness; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Complains of elevated of elevated blood pressure and chest pain.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	complains of SOB on exertion, dizziness, edema to both feet bilaterally, claudication, and low energy; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	complaints of shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Continues to c/o of episodes of chest pain with associated SOB, palpitations, and Fatigue The pain is a throbbing pain left sternal area and radiates up under her arm pit... she also has associated dizziness and feels like she is going to pass out... when; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Coronary atherosclerosis (I25.10): s/p PCI of the LAD; Chest Pain; DM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; chest pain 10/24/16; It is not known if there has been any treatment or conservative therapy.; chest pain	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Cp, dyspnea on exertion, left ventricular hypertrophy; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, Dyspnea, Palpitation, obesity; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, HTN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, SOB, Angina, Abn-EKG, FM HX; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ct calcification score over 600; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Diabetic pt having complaints of nonexertional chest pain.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Diabetic pt having worsening shortness of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dizziness, light headed, near syncope, cardiac murmur, obese, SOB, palpitations.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dizziness, palpitations, short of breath; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dobutamine stress echo done on 10/13/2016 was non diagnostic.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dysphasia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dyspnea, essential hypertension, palpitation.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea, HTN.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea, tachycardia, palpitations, near syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	eccentric primary hypertension, and palpitation and dyspnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type FOUND SHE HAD MYCARDIAL BRIDGE TO LAD DURING A HEART CATH. PATIENT HAS HAD A WALKING TREADMILL, HOWEVER SHE COULD NOT GET HEART RATE UP; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Enter answer here - or Type In Un55 F with h/o hypothyroidism, gastritis is here for evaluation of palpitations and chest pain. About 2 weeks ago, when patient was at work, she started feeling palpitations along with dizziness and appeared pale. BP che; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Episode of syncope; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	episodes of chest pain/pressure that start in left chest and radiate to left arm and jaw. Event monitor reveals sinus brady and tachy with possible irregular rhythm. Patient also has a new seizure disorder.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Episodes of chest tightness, moderate intensity, usually brief. Started in July, occurs day and night, several episodes weekly. Associated orthopnea and PND. BP has been much higher, carvedilol recent increased.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Essential (primary) hypertension; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; Family history of ischemic cardiac disease; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Dizziness; Syncope an; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Essential (primary) hypertension; Chronic combined systolic (congestive) and diastolic (congestive) heart failure; Other cardiomyopathies; A fib: Paroxysmal; Shortness of breath: SOB/DOE; Palpitations; Other chest pain; Arteriosclerosis of native corona; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension; Chronic diastolic (congestive) heart failure; Mixed hyperlipidemia; Obstructive sleep apnea; Shortness of breath: SOB/DOE; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension; Mixed hyperlipidemia; Other specified diabetes mellitus without complications; Lesion of plantar nerve of lower limb; Shortness of breath: SOB/DOE; Fatigue; Arteriosclerosis of native coronary artery w/ other form of ang; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	exercise nuclear to assess functional capacity. patient diabetes mellitus II, hypertension, abnormal EKG, obesity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	exertional chest pain chest pain at rest family history of heart disease mother had stent in her 40's. hypertension; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>F/u on CAD; patient with hx of kidney transplant; hx dvt and cva; mild swelling when he wakes up; has chronic renal deficiency; diabetic; hyperlipidemia; hyperthyroidism; BMi 37.2; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Family history of ischemic cardiac disease; Arteriosclerosis of native coronary artery w/ other form of angina pectoris; Essential primary hypertension; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Personal history of nic; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	had echo done yesterday , hypertension, palpitations; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Had stent to LAD 2012, hypertension, hyperlipidemia, cannot walk to due gout and arthritis; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Has chest pains with exercise, mid precordial, last 2-3 minutes, no radiation, and no palpitations.....; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Has diabetes, hyperlipidemia, essential hypertension, palpitation, chest pain, edema.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	HAS ON GOING CHEST PAIN, SHORTNESS OF BREATH WITH EXERTION,ALSO HAS FATIGUE; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He complains today of "tight" CP, SOB with exertion, and palpitations. He was admitted with Afib 10/17.. His echo on 10/17 showed EF 40%. He has history of alcohol abuse, HTN, Afib, and depression.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He had DD pacemaker implantation in 2007 and lost f/u. He has h/o HTN, on Lisinopril 20 mg po bid, now changed to Amlodipine 5 mg po bid for 1 week. BP still 133/83-160/103. Echo 9/2015 showed normal LVEF with mild TR and MR. No chest pain, SOB, DOE, orth; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He is here for a routine follow up visit. He denies any angina, shortness of breath, orthopnea, or PND. Has known CTO of RCA, moderate LAD disease. The patient clearly describes snoring, frequent nocturnal awakenings, some headaches, chronic fatigue and c; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He is referred by Dr. Daniel. No chest pain, SOB, orthopnea, PND, dizziness, syncope, palpitation. Mild SOB on exertion, associated with weakness, relieved by rest. He smokes cig 1ppd for 39 years. He has HTN, DM, HLD. FH(+), brother had CABG in his 50s.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He reports episode of lightheadedness earlier this week where he felt he was about to black out. He states he feels lightheaded "all the time" but it seems to be more constant over the past few weeks. He does report SOB as well.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He was not evaluated for CAD yet. He is finally willing to be evaluated for ICD placement; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	heart disease w/out heart failure; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Heart disease, abnormal echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hip pain could not walk on treadmill CP; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	History of Present Illness 49 YO with hx of DM is referred for evaluation of CP and abnormal ECG   Cardiovascular risk factors: hypertension.   The patient presents with complaints of gradual onset of intermittent episodes of moderate chest pain, de; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	History of Present Illness 59 YO with hx of DM, HTN, HLP, cancer survivor is referred for evaluation of CP  Patient has experienced chest pain  Cardiovascular risk factors: hypertension, diabetes, high LDL cholesterol and low HDL cholesterol.  The pa; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	HTN, palpitations, dyspnea.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	HTN.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia, essential hypertension, shortness of breath.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hyperlipidemia, essential primary hypertension, dyspnea; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia, HTN, type 2 Diabetes.; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hyperlipidemia. shortness of breath. hypertension; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension family history coronary artery disease; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hypertension essential/ syncope / chest pain/ family history of ischemic heart disease; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	INITIAL VISIT FOR NEW ONSET CHEST PAIN, SOB. PATIENT HAS A FAMILY HISTORY OF CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ischemic chest pain. Michael D Smoke is a 43 y.o. Caucasian male who presents for evaluation of chest pain Onset was 6 months ago, with waxing and waning course since that time. The patient admits to chest discomfort that is aching, dull, intermittent, w; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	ischemic chest pain. Aaron Wayne Martin is a 42 y.o. Caucasian male who presents for evaluation of chest pain while preaching. Happens every sundays while standing and preaching. Rest of the days he is active but no pain. No other symptoms. Onset was 4 m; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Known CAD, Hypertension and chest pain.; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	known CAD; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	left ventricular systolic dysfunction, left sided chest pain, essential hypertension, dyslipidemia. Patient with a past history of hypertension, anxiety disorder, arthritis, LV systolic dysfunction, tobacco use, normal coronary angiogram in 2014, here f; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	left-sided chest wall pain, palpitations, shortness of breath. Patient with a past history of dyslipidemia, here for evaluation palpitation symptoms. Describes non-activity fluttering sensations in her chest, associated with nausea, typically occurs at th; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>midsternal chest pain that is frequent lasting various times, sob often, occasional flutters; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mixed hyperlipidemia; Shortness of breath; Essential (primary) hypertension; Angina pectoris; Dizziness; Syncope and collapse; Peripheral vascular disease, unspecified; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Family ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	morbid obesity, unable to walk on tm due to foot brace, hypertension, cp, smoker, family history of cad, diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr Perry is a 38 year old male referred by Dr Pillow for chest pain. He reports an episode fo sharp chest pain in the center of his chest that lasted about 30 seconds and went away. A few days later he had pressure in his left upper chest that lasted abou; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr Ward is a 25 yo male with a hx of HTN, OSA with CPAP and GERD who was referred by Dr Siddiqui for chest pain. He also reports DOE since Jan 2016, denies orthopnea/PND. He was admitted to SVI April 2016 for BLE edema, during admission he was told that h; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Boling is a 51 year old white male here for follow up for atrial fibrillation with DCCV 10/14/16. He has cardiomyopathy and chronic diastolic heart failure followed in CHF clinic with last echo 9/19/16 Ef 45-50%, mild MR. He has SSS and scheduled for ; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Moss comes in for initial a valuation. He recently had increased blood pressure. He also describes some chest pressure and had an abnormal EKG. He was sent here for evaluation. He has pressure in chest at times. Varying amounts of time. He has h/o pan; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mr. Raney is a 64 year old, new patient, referred by primary care provider Dr. Motts to establish care with a cardiologist because he has been having some mild, dull chest pain for ~1-2 years that comes and goes with activity, relieved by rest. He describ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Ms Knuckles is a 59 year old female referred by Dr Hall for chest pain and an abnormal EKG. She had an episode of chest pain about 3 months ago that came on randomly and lasted several hours. She did not see anyone about it and just went to bed. She says ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Ms Scott is a 40 yo AAF with a hx of who was referred by Dr Siddiqui for chest pain, dyspnea and BLE edema . C/O chest pain described as substernal pressure/heaviness associated with dyspnea, lasting 20-30 min, occurring 3-4 times over the past couple mon; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Curtis is a very pleasant 44 year old lady (medical auditor) with history of longstanding HTN on BP med since teenager and palpitations, tachycardia, Paget-Shroetter syndrome (venous thoracic outlet syndrome) s/p 1st rib resection, and TAH/BSO with bl; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Franklin is a 40 year old white female here today for evaluation. She presented to the ER yesterday by EMS with complaints of dizziness and near syncope. EKG revealed prolonged QT interval. She presents today with complaints of palpitations, occasional; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Johnson is referred for cardiac evaluation. She has a past medical history of obesity. She reports left-sided chest pain radiating into her left arm described as sharp or dull ache occurring while at rest or with exertion and has been constant for t; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Stacy is here for annual follow up visit. She has known PDA s/p closure. She states that she has a "pocket of fluid" on her spine and she has leg pain. She was asked to follow up with cardiology for cardiac/PVD workup. She denies angina or dyspnea. Sh; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	N/A; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	N/A; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	NEW ONSET CHEST PAIN, SMOKER, FAMILY HX OF CAD/ANAL CANCER, LYMPHOMA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>NEW ONSET CHEST PAIN, SOB FATIGUE, SYNCOPE, PVD, SMOKER, FAMILY HX OF CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>New patient leg pains last 2 months, both legs from hips, continuous pain, not related exercise, associated ankle edema, ...palpitations episodes 2 years, with emotion ,palpitations and associated syncope, no associated palpitations,atypical chest p; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient referred Jennifer Miller,APN, with severe hypertension, asymptomatic, no associated angina or dyspnea; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient with history fatigue one year, daily activities, and 18 months ago, spell extreme fatigue, slurred speech, left arm weakness, went to Wadley Texakarna, told after CT mild TIA....and had 3 other 3 similar episodes and seen neurology...has dyspn; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	no; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/15/2016; There has not been any treatment or conservative therapy.; Pt has chest pain shortness of breath. Fatigue.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	OBESE WITH ABNORMAL EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obese; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obesity, Murmur, HTN, Palpitation; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Obesity; strong family hx; abnormal EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Other chest pain; Mixed hyperlipidemia; Shortness of breath; Weakness; Essential (primary) hypertension; Chronic diastolic (congestive) heart failure; Chronic kidney disease, stage 3 (moderate); Factor V Leiden mutation; Long term (current) use of anticoa; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Other chest pain; Palpitations; Shortness of breath; Essential (primary) hypertension; Dizziness; Varicose veins of lower extremity with inflammation; Family history of ischemic heart disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, benign hypertension, morbid obesity with body mass index of 40.0-49.9, c/o episodes of weakness, heart fluttering, chest tightness - no previous cardiac work up. Felt some deep pain in chest and once associated with fluttering sensation.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	other chest pain, essential hypertension, family history of cardiovascular disease, tachycardia.; Chest Pain (Angina); This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs daily. The problem has not changed since; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation, current smoker,; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient comes in today for a new patient establishment. He was referred by Dr. Garcia. He has been having chest pain to the left of his sternum he describes it as a deep tingling pain. The pain intensifies with positions and deep breathing. He states it is; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT COMPLAINS OF SOB & HAD ABNORMAL EKG IN OFFICE; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient continues to have chest pain and had an intermediate grade disease in left anterior descending artery up to 60% stenosis. We will get a Lexiscan Cardiolite stress test to assess for the physiological significance of this intermediate grade 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has angina, SOB, and dizziness. She underwent a regular treadmill stress test and it was found to be positive. There was an inferolateral ST depression which was upsloping during the exercise. This resolved during recovery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has chest pain, shortness of breath, dyspnea, family history of ischemic heart disease, palpitations.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has essential hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has hyperlipademia; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient has hyperlipidemia palpitations. hypertension.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has hyperlipidemia and has dyspnea; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient has palpitations, dyspnea,; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient is having active chest pain and shortness of breath.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient is having Chest pressure and active chest pain.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient needing clearance for surgery; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient presented to ER with chest discomfort, SOB, & symptomatic palpitations and was found to be in a-fib and an episode of bradycardia; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient presents as a new patient for chest pain. She states approx 1.5-2 weeks ago it started on a Thursday with substernal intermittent sharp chest pain, associated with nausea. She also reports increased SOB at rest and with activity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient presents today with complaints of chest pain he describes as heaviness and radiates into L arm and lasting 5 minutes.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient with seizure disorder reports substernal chest pain radiating to jaw & with sob. Physician reluctant to perform TMST due to history of severe seizures that have resulted in multiple fractures.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PMH includes CAD s/p PCI in 11/2015, DM type 2 with insulin pump, neuropathy, renal disease (He reports last kidney test showed 30% damage) HLD, HTN. He states his last cath in 11/2015 showed 60% blockage. Recommend MPS to assess for ischemia.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PMH includes HTN. He underwent left heart cath with LV angio, aortic root angio and coronary angios done vial RFA without apparent complication on 2/2016. LVEF= approx 40%. Resolute stents in RPLB and in distal segment of RPDA and also placed a Resolute ; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Preoperative evaluation; This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	presented to the Emergency room for chest pain and shortness of breath for 2 days; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Presents to the clinic today with complaints of chest tightness with exertion, dyspnea with exertion, palpitations, dizziness with dyspnea, no energy and snoring.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pressure like retrosternal left-sided chest pain that last for 15 to 20 minutes associated with some diaphoresis and shortness of breath. The pain resolved after resting. There was no radiation. electrocardiogram done which showed some nonspecific T wav; 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PREVIOUS cocaine and methamphetamine user; Complains of chest pain and heavy pressure; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt came into ER with Palpitations. Had an abnormal ekg.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt cannot walk a treadmill; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt can't have stress echo due to diastolic htn; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT COMES TO OFFICE WITH CHEST PAINS AND SHORTNESS OF BREATH WITH KNOWN CHF; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt denies prior cardiac problems, was being evaluated for knee surgery and had abnormal EKG. Hx of dizziness and palpitations, no syncope, dyspnea on exertion with dizziness, EKG shows left branch block.; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt had an abnormal treadmill test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has angina with h/o diabetes; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has essential HTN, hyperlipidemia, and angina pectoralis; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has essential hypertension, dyspnea, ventricular tachycardia, and congestive heart failure.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has hyperlipidemia, essential hypertension, SOB; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has hyperlipidemia, essential hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has hypertension family hist CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has hypertension, sharp chest pain radiates to arm, shortness of breath; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has syncope with chest pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has uncontrolled diabetes and needs a myoview to follow up on known cad s/p stent. pt is asymptomatic; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAVING CHEST PAINS, WITH SHORNESS OF BREATH AND PALPITATIONS.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for check up. c/o knots under left arm which he thinks is shingles. Pt states that cough is getting bad which he thinks is from lisinopril. Also states that he has been having SOB with the slightest bit of exertion that has progressively gotten worse; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for f/u event monitor results. States is having dyspnea, palpitations, some edema. States she went to pulmonologist for dyspnea. She was told it was reflux and started on Nexium. States it is not helping. Failed sotalol and Tikosyn. Recent event; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for follow up after starting amlodipine. States that bp has been running in average 120s - 130s over 70s with hr 75-78. Pt has been taking medication. Pt states that he feels like his bp is only due to white coat syndrome as he has checked bp over; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here for followup of palpitations and tachycardia. She was admitted to the Fordyce hospital with chest pain, shortness of breath, tachycardia, and felt bad. Her enzymes were negative. She was tachycardic. She was asked to followup here in the office.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt here today for follow up. She has a known history of hypertension, dyslipidemia, diabetes. LDL 148. HGB A1C 6.6. Today, pt stated that she has been having left sided chest pain with and without exertion. Radiates to left axilla area. Associated symptom ; This study is 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.; angina of effort, essential hypertension, dyslipidemia. Pt here today for follow up. She has a known history of hypertension, dyslipidemia, diabetes. LDL 148. HGB A1C 6.6. Today, pt stated that she has been having left sided chest pain with and without exe	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt is experiencing tightness up the neck, syncope episodes with chest pain; It is not known if the patient is diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT IS NEEDING BACK SURGERY, PT HAVING SHORTNESS OF BREATH AND HAD ABNORMAL EKG, SUSPECTED CAD POSSIBLY; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt is obsess, very heavy smoker, tachycardia on EKG; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT KNOW PREFORAL ARTIRIAL DISEASE, ABNORMAL EKG; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology

Approval

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

Pt presents today with 3 episodes of chest pain, 1st one was 3 mo ago midsternal radiating to left arm and hand with numbness in arm and fingers, pain lasts just a few seconds and is described as sharp and heavy; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.

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Cardiology

Approval

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

pt tried to do walking myoview and was unable to complete test. this myoview will be done pharm; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 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.

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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt unable to walk on treadmill due to broken pelvis. Cp, family history of CAD, 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 not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt w/known CAD. needing surgical clearance. unable to ambulate treadmill due to needing hip replacement.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt was unable to achieve his heart rate with the stress echo to determine if there was any ischemia; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt. cannot walk on treadmill due to ligamentous injury. Chest Pain and chronic 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 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt. had a stent placed recently.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	R/O CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Chest Pain    History of Present Illness  HPI:  Patient is referred to us by Christopher Jackson APRN. She saw him last week for intermittent chest pain that has been going on for 3 weeks now. Chest pain is local; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  1. Oral infection    History of Present Illness  HPI:  Rachel is self referred after her oral surgeon suggested she see a cardiologist to make sure her oral infection has not traveled to her heart. She has had 3 rou; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for visit: chest pain, dyspnea and left arm numbness.  History of Present Illness 39 y/o male smoker with no significant PMH who presents for evaluation of CP symptoms. Was seen recently in the ER where he had negative cardiac enzymes and negat; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Recent chest pains of a few weeks in duration, intermittent, but none the past week. She describes it as a mild dull left sided pain, worsened with turning the head or dropping her left arm. No associated symptoms. CP variable intensity and duration.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	recent LAD stent and pacemaker placement; having cp & sob; abnormal EKG; a-fib; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ruling out CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	see clinicals attached; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She does have 60% stenosis in the diagonal branch. She reports today having intermittent episodes of chest pain. No clear cut relation with exertion that lasts for a few minutes.; 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She has SOB and can't do the regular stress test. She attempted but only lasted 3 minutes, chest pain radiating to arms, she has SOB; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She is self-referred. She c/o severe mid chest tightness at night, unable to move, no radiation, relieved on its own. She c/o mild left arm pain with minor exertion, associated with confusion, relieved on its own. She has h/o blood clot in legs before whe; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Shortness of breath; Essential (primary) hypertension; Varicose veins of bilateral lower extremity with other complication; Abnormal echo; Unspecified asthma with (acute) exacerbation; Esophageal reflux; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	SOB, CP, Palpitation; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	squeezing chest discomfort, left arm numbness, tingling with her fingers, SOB, and nausea. Nitro x 1 relieved symptoms. She states there is no common denominator to her CP. She has increased fatigue, waking up tired with increased SOB just walking to the ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; squeezing chest discomfort, left arm numbness, tingling with her fingers, SOB, and nausea. Nitro x 1 relieved symptoms. She states there is no common denominator to her CP. She has increased fatigue, waking up tired with increased SOB just walking to the ; medication and prior stenting	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>SUBJECTIVE: Today I had the pleasure of seeing Georgia. A 63-year-old female with a chronically abnormal EKG, hypertension, hypertensive heart disease, and she had an episode of precordial chest discomfort front to back, radiating down both arms to her ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Suspected CAD; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Suspected CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	suspected CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	syncope, HTN, palpitations.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.	13
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	40
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	12

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has diabetes.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	35
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The post stress parasternal short axis view is off axis, but appears to exhibit relative anterior hypokinesis. This is note evident in any other view  and is, in the setting of good exercise tolerance, an equivocal finding. Rec  alternative testing.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.	5

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	165
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	25

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	17
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	6
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	7
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	20
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	6
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	4
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	11
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	12
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	146

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	4
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	61
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	2
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	25
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	4
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	2
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	9
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This 49 year old male presents for Cad s/p acute anterior mi, ptca, stent lad 2014 and Hyperlipidemia.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This 56 year old male new patient presents for Chest Pain, Dyspnea, Edema, dizziness and irregular heart beats.; 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
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This is a 43 year-old lady with a history of hypertension, active smoking and family history of premature coronary artery disease. The patient has fairly typical symptoms. At this time we are going to continue the aspirin and nitroglycerin p.r.n. Echocard; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</p>	7
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is 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</p>	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; 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.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	3
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	tightness in chest and arm numbness lasting 2-3 min happens about once a wk, and ongoing for about 3 mo. Pt is sob often, and dizzy often; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unknown; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; The patient has not had a cardiology study in the past 3 years.; No other testing was completed more than 3 years ago.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	UNKNOWN; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	UNKNOWN; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent stress echocardiogram.; The results of the previous nuclear cardiology study were normal.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	6
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ventricular Premature depolarization, Angina, Palpitation, family history of heart disease.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Will order MPI to evaluate for ischemia given questionable chest heaviness and general fatigue.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	worsening shortness of breath and pt is diabetic; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Yearly follow-up for patient.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; 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.;	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; It is not known if there are stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; It is not known if there are abnormal lab findings consistent with cardiomyopathy or myocarditis.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2016; There has not been any treatment or conservative therapy.; Chest Pains, Shortness of Breath/Angina Pectoris Equivalent, Dizziness	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a month ago it started- 12/1/2016; There has been treatment or conservative therapy.; shortness of breath, precordial pain, Lower leg DVT (deep venous thromboembolism), chronic, right The patient admits to chest discomfort that is intermittent, with radiation to chest, rated as a scale of 6/10 in intensity that is sharp in nature. Associ; patient is on coumadin for DVT/PE: hypercoagulable/blood clotting disorders Father died at age of 46 years of MI Brother died at 47, had CABG  Factor V leiden with left leg DVT in 1990s	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; It is not known if there has been any treatment or conservative therapy.; none	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Pt here today for follow up. She has a known history of hypertension, dyslipidemia, diabetes. LDL 148. HGB A1C 6.6. Today, pt stated that she has been having left sided chest pain with and without exertion. Radiates to left axilla area. Associated symptom ; This study is 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.; angina of effort, essential hypertension, dyslipidemia. Pt here today for follow up. She has a known history of hypertension, dyslipidemia, diabetes. LDL 148. HGB A1C 6.6. Today, pt stated that she has been having left sided chest pain with and without exe	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	9
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; 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
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Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	3
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Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	5
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Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
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Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This 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
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac 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.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	7

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	7
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	8

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	3
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	49
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of 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.	2
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	9

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	12
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	6
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	26
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	8
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	38
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	13
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	New patient with chest pains last 3 days, mid precordial, continuous, worse food, at times radiated right arm, associated dyspnea..has recent hypertension. Abnormality on Echo...Possible mixoma...; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac device or completed NON diagnostic TTE.	1

Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is beibg requested for evalutaion of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	3
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; It is not known if there has been any treatment or conservative therapy.; none	1

Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	Patient has risk factors for CAD progression. Smoker, hypertension, and dyslipidemia.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	Patient with known CAD s/p PTCA/stent for follow up stress after PTCA; 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.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	4
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --+M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	2

Cardiology	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	3
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	9
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	45
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; It is not known if the member has known or suspected coronary artery disease.	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	trying to rule out CAD. The EKG came back poor R-wave progression; want to do eval.; This study is being ordered for Vascular Disease.; 10/24/2016; There has not been any treatment or conservative therapy.; chest pain, shortness of breath while lying flat also while w/ or w/o activity, palpitations, & hypertension	1

Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient symptomatic with vertigo and intermittent nausea and vomiting the last two days, unable to work. Similar episode about a month ago, lasting two days; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
Cardiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; END OF 2015/ BEGINING OF 2016; It is not known if there has been any treatment or conservative therapy.; NUMBNESS AND DISCOMFORT IN ARMS	1
Cardiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Essential (primary) hypertension: White coat Occlusion and stenosis of unspecified carotid artery Arteriosclerosis of native coronary artery w/o angina pectoris Other cardiomyopathies Peripheral vascular disease, unspecified: PAD; This study is being ordered for Vascular Disease.; 10/28/16; It is not known if there has been any treatment or conservative therapy.; Essential (primary) hypertension: White coat Occlusion and stenosis of unspecified carotid artery Arteriosclerosis of native coronary artery w/o angina pectoris Other cardiomyopathies Peripheral vascular disease, unspecified: PAD	1

Cardiology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Occlusion and stenosis of unspecified carotid artery; Peripheral vascular disease, unspecified: PAD; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Abnormal result of cardiovascular function study, unspecified: Abnormal M; This study is being ordered for a neurological disorder.; 08/26/2016; There has not been any treatment or conservative therapy.; Occlusion and stenosis of unspecified carotid artery; Peripheral vascular disease, unspecified: PAD; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Abnormal result of cardiovascular function study, unspecified: Abnormal M	1
Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is 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.;	1
Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1

Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Essential (primary) hypertension: White coat Occlusion and stenosis of unspecified carotid artery Arteriosclerosis of native coronary artery w/o angina pectoris Other cardiomyopathies Peripheral vascular disease, unspecified: PAD; This study is being ordered for Vascular Disease.; 10/28/16; It is not known if there has been any treatment or conservative therapy.; Essential (primary) hypertension: White coat Occlusion and stenosis of unspecified carotid artery Arteriosclerosis of native coronary artery w/o angina pectoris Other cardiomyopathies Peripheral vascular disease, unspecified: PAD	1
Cardiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is 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.;	1
Cardiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2

Cardiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; END OF 2015/ BEGINING OF 2016; It is not known if there has been any treatment or conservative therapy.; NUMBNESS AND DISCOMFORT IN ARMS	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Known thoracic aortic aneurysm.; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	1

Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient comes in today for a follow up of testing. 09/16/2016 Echo showed LVEF 60-65%, Mild mitral valve prolapse with trace MR, otherwise unremarkable. Stress test was normal as well. Holter monitor showed rare PVC's rare PAC's otherwise unremarkable. La; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.</p>	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p>Type 2 Diabetes Mellitus complicated by diabetic retinopathy and peripheral neuropathy; This study is being ordered for Vascular Disease.; 01/01/2014; There has been treatment or conservative therapy.; Type 2 Diabetes Mellitus complicated by diabetic retinopathy and peripheral neuropathy; Full medical therapy with medication. Type 2 diabetes mellitus with diabetic nephropathy, with long-term current use of insulin</p>	1
Cardiology	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	<p>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.</p>	1

Cardiology	Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; shortness of breath. palpations. cyncope. family history of hypertropic cardial myopathy, and sudden cardiac death.	1
Cardiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R/O UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2016; There has been treatment or conservative therapy.; PAIN; STRETCHING EXCERSISE AND SHOE INSERTS	2
Cardiology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.	1

Cardiology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient c/o of intermittent right lower quadrant pain.	1
Cardiology	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/27/2016; There has not been any treatment or conservative therapy.; chest pain shortness of breath	1
Cardiology	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; shortness of breath. palpations. syncope. family history of hypertropic cardiac myopathy, and sudden cardiac death.	1
Cardiology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1
Cardiology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient is experiencing chest pain.; This is a request for a CT scan for evaluation of coronary calcification.	1
Cardiology	Disapproval	75572 CT Heart	Radiology Services Denied Not Medically Necessary	Is this a request for one of the following? Coronary Artery CT Angiography	1
Cardiology	Disapproval	75572 CT Heart	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	1

Cardiology	Disapproval	75573 CT Heart Congenital Study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 03/21/2016; It is not known if there has been any treatment or conservative therapy.; Congestive heart failure  hypertension, fatigue, short of breath.	1
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Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram 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
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Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	pt has had a Bruce protocol stress test & came back abnormal.; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
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Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; <Additional Clinical Information>; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; shortness of breath.; Yes, there is Chronic Chest Pain.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; chest pain and sob	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.;	1

Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; Patient has a history of MI with stent placement. Patient states that he feels just like he did prior to MI. Patient currently smokes and has a history of CAD in a first degree relative.; Patients complaint is chest pain and shortness of breath.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; patient still has chest discomfort twice a month, midsternal, for the past 2 years	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; Pt here for followup of chest pain. He has been having chest pain over the last three months. He describes a pressure on his chest occurring more at rest than with activity. The pain occurs over the left side with radiation up into his shoulder.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?;	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.;	1

Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; obtain a coronary CT angiogram to try and identify that the left internal mammary artery is patent.	1
Cardiology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Medically Necessary Radiology Services Denied Not	Yes, this is a request for CT Angiography of the abdominal arteries.	8
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	#1 angina: She's been expressing some symptoms of chest discomfort over the past few months. The symptoms seem to be getting more frequent. It can occur at rest or with activity. She describes a fullness or tightness in the center of her chest. Sometimes ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; shortness of breath	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006; There has not been any treatment or conservative therapy.; PVD, angina pectoris, obesity	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/27/2016; There has not been any treatment or conservative therapy.; chest pain shortness of breath	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2016; There has not been any treatment or conservative therapy.; Chest Pains, Shortness of Breath/Angina Pectoris Equivalent, Dizziness	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2016; There has not been any treatment or conservative therapy.; Chest pain - Burning - Aching	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has not been any treatment or conservative therapy.; Mr. Craig is a 49 y/o AAM with a h/o HTN, HLP, and GERD, here today to establish cardiac care. He was sent here today for an evaluation of chest pain. He has had two episodes of this. The first time this happened was one month ago. He was driving and all	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs daily. The problem has not changed since onset.; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ABN EKG shows possible MI; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CAD w/new chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain and shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain is substernal, worse on exertion -relieved with rest, heavy pressure.; 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
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN, CAD S/P STENTS, PVD, HTN, SMOKER, MURMUR, CAROTID STENOSIS, CONGENITAL HEART PROBLEM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea, edema, hypertension, family history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, dyspnea, paroxysmal atrial fibrillation, htn, DM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, Exertional dyspnea, inferior lead T-wave inversion on 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
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain, shortness of breath, dizziness, hypertension, hyperlipidemia; 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
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Coronary artery disease with percutaneous transluminal coronary angioplasty stent more than 10 months ago. The patient strongly requests to discontinue Plavix because of the back problem has a major impact on the everyday life. Since patient is chest ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Essential(primary)Hypertension Tacycardia Palpitations  Short of breath Dyspnea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Given his history of untreated hypertension and cocaine abuse I think it is reasonable to assess for coronary artery disease due to accelerated atherosclerosis in cocaine abusers. Will obtain exercise nuclear stress test. Will also obtain transthoracic ec; 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</p>
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Has had problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him home, told him it was from dehydra; This study is 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 problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him home, told him it was from dehydra; It is not known if there has been any treatment or conservative therapy.; chest pain, shortness of breath; Has had problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him h	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Hyperlipidemia; Precordial pain; Mitral Valve-Regurgitation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	hyperlipidemia,unspecified; shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Hyperlipidemia,unspecified; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Mr. Booth is a pleasant 36 year old gentleman that is here for initial evaluation. He is a former marine. He has a history of an MI back in 2012 followed with intervention to the LAD. He hasn't seen a cardiologist in a about three years. He was seen at SM; 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</p>	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Ms Perry is a 55 year old female referred by Dr Pillow for chest pain. She originally presented to the ED a few weeks ago but signed out AMA. She did have a CXR, EKG and one set of cardiac ezymes which were negative. She has occasional sharp chest pain wh; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Ms West is a 42 y/o WW with a h/o chronic CAD s/p CABG X4 (11/2013), chronic CHF, chronic HTN, chronic HLP, and Tobacco Use. Here today for follow up. She says that she has been having severe burning in her chest lately. She feels like this is heartbur; This study is being ordered for Vascular Disease.; 11/2013; There has been treatment or conservative therapy.; SEVERE BURNING IN HER CHEST, IS WORSE AFTER EATING.; MEDICATIONS AND HEART CATHS	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Ms. Feonia Allen is a 63-year-old lady with episodes of syncope. She also had hit her head and had a brain bleed conservatively managed. She does have significant bradycardia up to 77% that is sinus bradycardia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>NEED A NON WALKING LEXISCAN STRESS TEST DUE TO COPD. PT HAS BILATERAL JAW PAIN WHICH ARE THE SAME SYMPTOMS AS BEFORE HER MI.; 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
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>New patient referred DR Patrick Antoon, dyspnea with exertion, getting worse, at times associated chest pains, left precordial, no radiation, and she is a smoker one pack a day,,she diabetic and hyperlipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</p>	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	New patient. Over the past year she has had intermittent mid chest discomfort which is not necessarily related to activity. Her main complaint is actually of unrelenting fatigue and decreased stamina with dizziness when she exerts herself. She has not had; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	new pt onset of chest pain and shortness of breath; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Nicotine dependence; Other chest pain; Shortness of breath; Arteriosclerosis of native arteries of extremity w/ intermittent claudication; Weakness: Weakness/fatigue; Varicose veins of leg w/ pain; Varicose veins of leg w/ edema; Palpitations; Pharyngiti; 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	none.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/6/2016; There has been treatment or conservative therapy.; shortness of breath and chest pain.; medication	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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.; 4/6/2016; There has been treatment or conservative therapy.; pt has shortness of breath and chest pain.; Medications	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Palpitations Dizziness and giddiness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient cannot exercise due to spinal problems; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PATIENT HAS BEEN HAVING CHEST PAINS ON LEFT SIDE OF CHEST. DOES HAVE SHORTNESS OF BREATH WITH AND WITHOUT EXERTION. DIZZINESS AND TIRED ALL THE TIME. PATIENT DOES HAVE KNOWN FAMILY HISTORY OF CORONARY ARTERY DISEASE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient having Chest pain on exertion and SOB when walking. Patient also has a murmur; 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</p>	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient is unable to walk on a treadmill. Patient has a complaint of chest pain. Patient is obese. Patient is a former smoker with diagnosed asthma & COPD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</p>	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient recently hospitalized with complaints of chest pain. Unable to walk on treadmill secondary to recent back surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has cardio myopathy, ICD DEVICE, tachycardia and 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 30 to 39	1
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Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PT HAS FAMILY HISTORY OF HYPERTENSION, DIABETES, AND HYPERLIPIDEMIA. PT HAS BEEN HAVING CHEST PAINS THAT RADIATES TO THE BACK AND SHOULDER BLADES TIMES ONE YEAR THAT HAS WORSENERED RECENTLY. PT DOES HAVE 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
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	R/o MI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2016; There has not been any treatment or conservative therapy.; Chest pain, arm pain, abnormal ekg	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	5
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	9
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath.	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; new pt. on 12/23/2016.; It is not known if there has been any treatment or conservative therapy.; hypertensive disorder, chest pain, dyspnea. EKG showed NSR, complainedd of severe cough with chest pain	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; peripheral vacular disease, chest pain, syncope, abnormal ekg, dizziness, obesity, angina	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; shortness of breath	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2006; There has not been any treatment or conservative therapy.; PVD, angina pectoris, obesity	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2016; There has not been any treatment or conservative therapy.; Chest pain - Burning - Aching	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has not been any treatment or conservative therapy.; Mr. Craig is a 49 y/o AAM with a h/o HTN, HLP, and GERD, here today to establish cardiac care. He was sent here today for an evaluation of chest pain. He has had two episodes of this. The first time this happened was one month ago. He was driving and all	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This is a recurrent problem. The current episode started more than 1 week ago. The problem occurs daily. The problem has not changed since onset.; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	Coronary atherosclerosis (I25.10): s/p PCI of the LAD  Chest Pain DM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; chest pain 10/24/16; It is not known if there has been any treatment or conservative therapy.; chest pain	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	<p>Has had problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him home, told him it was from dehydra; This study is 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 problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him home, told him it was from dehydra; It is not known if there has been any treatment or conservative therapy.; chest pain, shortness of breath; Has had problems lately with tinnitus, pain and numbness in the back of head. He then gets very dizzy and has had two syncopal episodes in the past 6 months. Went to ER each time and they gave him IV fluids and d/c'd him h</p>	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	<p>Ms West is a 42 y/o WW with a h/o chronic CAD s/p CABG X4 (11/2013), chronic CHF, chronic HTN, chronic HLP, and Tobacco Use. Here today for follow up. She says that she has been having severe burning in her chest lately. She feels like this is heartbur; This study is being ordered for Vascular Disease.; 11/2013; There has been treatment or conservative therapy.; SEVERE BURNING IN HER CHEST, IS WORSE AFTER EATING.; MEDICATIONS AND HEART CATHS</p>	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	none.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/6/2016; There has been treatment or conservative therapy.; shortness of breath and chest pain.; medication	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/15/2016; There has not been any treatment or conservative therapy.; Pt has chest pain shortness of breath. Fatigue.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/6/2016; There has been treatment or conservative therapy.; pt has shortness of breath and chest pain.; Medications	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	R/o MI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2016; There has not been any treatment or conservative therapy.; Chest pain, arm pain, abnormal ekg	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	7

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	1
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is NOT 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.; It has been at least 24 months since the last echocardiogram was performed.; The patient has high blood pressure	1
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has 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
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; 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
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Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It is unknown when the last echocardiogram was performed.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	9
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	trying to rule out CAD. The EKG came back poor R-wave progression; want to do eval.; This study is being ordered for Vascular Disease.; 10/24/2016; There has not been any treatment or conservative therapy.; chest pain, shortness of breath while lying flat also while w/ or w/o activity, palpitations, & hypertension	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; Chest pain and shortness of breath.	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; new pt. on 12/23/2016.; It is not known if there has been any treatment or conservative therapy.; hypertensive disorder, chest pain, dyspnea. EKG showed NSR, complainedd of severe cough with chest pain	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; peripheral vacular disease, chest pain, syncope, abnormal ekg, dizziness, obesity, angina	1

Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	Patient is status post PTCA, this would be for follow up after 6 months.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4
Chiropractic Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1

Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; ABOUT 2 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS, PARATHESIA, AND FATIGUE; SEVERAL NEUROLOGISTS	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/16; There has been treatment or conservative therapy.; pain; adjustment	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Trauma or recent injury; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	6
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Bypassed clinical information; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.; Yes, this patient had a recent course of supervised physical Therapy.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; ABOUT 2 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS, PARATHESIA, AND FATIGUE; SEVERAL NEUROLOGISTS	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/16; There has been treatment or conservative therapy.; pain; adjustment	1
Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2

Chiropractic Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; ABOUT 2 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS, PARATHESIA, AND FATIGUE; SEVERAL NEUROLOGISTS	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/16; There has been treatment or conservative therapy.; pain; adjustment	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<chiropractic adjustments ultrasound intra current therapeutic exerices; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	constant pain for that past 1 - 2 weeks w/ no improvement, Decreased range of motion.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Knee Flexor Test; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient has muscle grade 4 on Right knee flexor	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	No clinicals available; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	presenting with low back pain severe muscle spasms; 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

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	33
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	11

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; ABOUT 2 YEARS AGO; There has been treatment or conservative therapy.; NUMBNESS, PARATHESIA, AND FATIGUE; SEVERAL NEUROLOGISTS	1
Chiropractic Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	R/O Fracture; This study is being ordered for trauma or injury.; 10/31/2016; There has been treatment or conservative therapy.; Radiating pain. Lower extremity weakness. Difficulty with daily living, walking and standing.; Physical Therapy 2/wk, 3wks.	1
Chiropractic Medicine	Approval	72196 MRI PELVIS	patients has a positives hibbs test, comparing x-ray to right sand left doesn'ttt look the same; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has been treatment or conservative therapy.; pain on weight bearing, difficulty performing exercise, hip and pelvic pain , disruption in collar tear drop on x-ray ,; exercise, rest, medication, chiropractic ,	1

Chiropractic Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; sports injury	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; tore 2 or 3 structures in shoulder unable to function	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Mbr is a few days away from 4 weeks of conserve. care	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1

Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There 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
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a Knee MRI.; 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.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; No, the member do not experience a painful popping, snapping, or giving away of the knee.</p>	1
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Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.</p>	1
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Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>patients has a positives hibbs test, comparing x-ray to right sand left doesn'ttt look the same; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has been treatment or conservative therapy.; pain on weight bearing, difficulty performing exercise, hip and pelvic pain , disruption in collar tear drop on x-ray ;; exercise, rest, medication, chiropractic ,</p>	1
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Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Chiropractic Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	1
Chiropractic Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is 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.	1

Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/28/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt over 5 months-	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no info given; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; neck and right shoulder pain shooting down to hand, hands are numb and tingling; Muscle stem and heat, spinal decompression, ultrasound, laser, rolling table	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspect disc bulge 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 weakness.; weak index finger/thumb adduction bilaterally; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Chiropractic Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 1/28/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt over 5 months-	1
Chiropractic Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	3
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 >;	1

Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none given; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe low back pain, R/O disc problem; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown faxing in clinicals; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Chiropractic Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	no info given; This study is being ordered for a neurological disorder.; 9/22/2016; There has been treatment or conservative therapy.; neck and right shoulder pain shooting down to hand, hands are numb and tingling; Muscle stem and heat, spinal decompression, ultrasound, laser, rolling table	1

Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; Soft tissue injury can not see on xray	1
Chiropractic Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	R/O Fracture; This study is being ordered for trauma or injury.; 10/31/2016; There has been treatment or conservative therapy.; Radiating pain. Lower extremity weakness. Difficulty with daily living, walking and standing.; Physical Therapy 2/wk, 3wks.	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX		This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Colon & Rectal Surgery	Approval	72196 MRI PELVIS		This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		post op evaluation , rectal seal repair ,; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; n/a	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Colon & Rectal Surgery	Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Colon & Rectal Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Colon & Rectal Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; TENDERNESS ON EXAM	1
Dermatology	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Dermatology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Dermatology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		02.2 ML melalona on left forehead. Had removed. Was seen yesterday and was complaining of cough and shortness of breath; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Dermatology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a 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.	1
Doctors and Rehabilitation	Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.	1
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	He is having some odd numbness in his upper extremities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1

Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Doctors and Rehabilitation	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Doctors and Rehabilitation	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is 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.	3

Doctors and Rehabilitation	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	10
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; radiating pain; injections, narcotic and inset treatment, past pt none recently	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; neck, back and right shoulder pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, physical therapy	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	2

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, pain patch, ibuprofen	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, epidural injections, physical therapy	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, physical therapy	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2012; There has been treatment or conservative therapy.; numbness...weakness....headache....pain...spams.....; Physical therapy ...medication... injections.... surgery	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT HAS POST POLIO SYNDROME; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; UPPER AND LOWER EXTREMITY WEAKNESS; DIFFICULTY HOLDING, GRIPPING, AND STANDING; PT, MEDICATION	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1

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

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	19
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Cervicalgia, Tenderness limited ROM degenerative change disc height loss arthropathy; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	13

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	6
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Mr. Neely presents for evaluation of progressive neck pain, headaches and low back pain after a slip and fall at the rehab facility where he is currently residing after a fall and pelvic fracture in August.; It is not known if the patient have new or changing neurological signs or symptoms.	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; recent injury; No, the patient does not have new or changing neurological signs or symptoms.	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; radiating pain; injections, narcotic and inset treatment, past pt none recently	1

Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/9/2014; There has been treatment or conservative therapy.; radiating lower back and thoracic pain; injections, narcotic and insets pain treatment, chiropractic care	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.;	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; NSAIDs, muscle relaxer, ibuprofen	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, epidural injections, physical therapy	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, physical therapy	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	3
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1

Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; -Pt here for follow up chronic Cervical pain that radiates down both of his upper extremities and lower back; pain as well that radiates down both of his legs. Relates has developed thoracic pain also. Relates he has just; started a new job, and now has n; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2014; There has been treatment or conservative therapy.; radiating pain; injections, narcotic and inset treatment, past pt none recently	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/9/2014; There has been treatment or conservative therapy.; radiating lower back and thoracic pain; injections, narcotic and insets pain treatment, chiropractic care	1

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/10/2016; There has been treatment or conservative therapy.; The Pt has chronic pain in low back and right shoulder., Damage to rotator cuff; the Pt has had PT, medication therapy	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.;	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; neck, back and right shoulder pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; NSAIDs, muscle relaxer, ibuprofen	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs, physical therapy	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	2

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, pain patch, ibuprofen	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, epidural injections, physical therapy	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, muscle relaxers, NSAIDs, physical therapy	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2012; There has been treatment or conservative therapy.; numbness...weakness....headache....pain...spams.....; Physical therapy ...medication... injections.... surgery	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	2

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NONE 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
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient had physical therapy and medication treatment for the past 3 weeks and he is having weakness, numbness, tingling in his lower extremities; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS POST POLIO SYNDROME; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; UPPER AND LOWER EXTREMITY WEAKNESS; DIFFICULTY HOLDING, GRIPPING, AND STANDING; PT, MEDICATION	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	90

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	54
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Doctors and Rehabilitation	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Doctors and Rehabilitation	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
Doctors and Rehabilitation	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1

Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/10/2016; There has been treatment or conservative therapy.; The Pt has chronic pain in low back and right shoulder., Damage to rotator cuff; the Pt has had PT, medication therapy	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1

Doctors and Rehabilitation	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/14/2016; There has been treatment or conservative therapy.; pain, legs giving away, popping,; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	2
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury,; ; There has been treatment or conservative therapy,; ;	2

Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	2
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	2
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1

Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1

Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
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Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
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Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
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Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Doctors and Rehabilitation	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Doctors and Rehabilitation	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication	1
Doctors and Rehabilitation	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.	1
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; pain medication	1
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; pain; physical therapy, injections, home exercise, nsaid	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; numbness; There has been treatment or conservative therapy.; numbness,weakness; home therapy and medications	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10+ years; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxer, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, chiropractor, epidural injections	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxer	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, pain medication	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, physical therapy	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, muscle relaxer, pain medication	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and right shoulder pain; RIT. facet joint injections	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DIFFICULTY SLEEPING, WALKING STANDING, NECK PAIN; This study is being ordered for trauma or injury.; 8-25-16; There has been treatment or conservative therapy.; NUMBNESS, WEAKNESS, DECREASED RANGE OF MOTION, PAIN; MEDICATION, PHYSICAL THERAPY	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Midline bilateral paramidline lower cervical and bilateral posterior brachium The patient has been experiencing this pain for more that a year. He reports onset of pain sudden onset and when met with motor accident . The patient describes his pain as cons; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain, shoulder pain, back pain, joint pain, joint stiffness, joint swelling and posture abnormalities. Reports limitation of joint movement.; physical therapy. Patient prescribed gabapentin and Mobic.	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; History of MVA 10/13 chronic pain at T8-9, she had some relief with Lyrica but not much	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; pain; physical therapy, injections, home exercise, nsaid	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; chiropractor, advil	1

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HISTORY OF SHOULDER DISLOCATION, SHOULDER PAIN, HUMURUS HIGH RIDING ARTHROSIS, DECREASED JOINT SPACE; THORACIC FACT ARTHROSIS, DISLOCATION TO T10-T12; R/O DISC HERNIATION; TEAR OF LEFT SHOULDER; This study is being ordered for trauma or injury.; 11/7/16; There has been treatment or conservative therapy.; EXTREME SHOULDER PAIN; PAIN MEDICATION, INFLAMMATORY MEDICATION, COMPRESSES TO SHOULDER	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Midline bilateral paramidline lower cervical and bilateral posterior brachium The patient has been experiencing this pain for more that a year. He reports onset of pain sudden onset and when met with motor accident . The patient describes his pain as cons; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; neck pain, shoulder pain, back pain, joint pain, joint stiffness, joint swelling and posture abnormalities. Reports limitation of joint movement.; physical therapy. Patient prescribed gabapentin and Mobic.	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; numbness; There has been treatment or conservative therapy.; numbness,weakness; home therapy and medications	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10+ years; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, muscle relaxer, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; neck and back pain; physical therapy, pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; mid to lower back pain; chiropractor, advil	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, chiropractor, epidural injections	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, muscle relaxer	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, pain medication	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxer, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, muscle relaxers, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, physical therapy	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, muscle relaxer, pain medication	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DIFFICULTY SLEEPING, WALKING STANDING, NECK PAIN; This study is being ordered for trauma or injury.; 8-25-16; There has been treatment or conservative therapy.; NUMBNESS, WEAKNESS, DECREASED RANGE OF MOTION, PAIN; MEDICATION, PHYSICAL THERAPY	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Unknown	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness down both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient rates the severity of his main complaint as 10 on a scale of 1 to 10. He Experiences the complaint 80 percent of the time. He Currently experiences low back pain. The complaint is mostly noticed in the AM and PM and it lasts for about 24/7. Reli; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/10/2012; There has been treatment or conservative therapy.; BACK PAIN, KNEE PAIN, THROBBING, CONSTANT PAIN; Professional caregivers seen in the past include Pain Medicine Physician, Family physician and Physical Therapist. The following tests have been done in the past: X-rays and MRI scan . He has tried antidepressant,anti-inflammatory meds, hydrocodone and m	1

Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	4
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Doctors and Rehabilitation	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had trauma in the pelvis area; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; neck, back and right shoulder pain; pain medication, NSAIDs	1
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and right shoulder pain; RIT. facet joint injections	1
Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	HISTORY OF SHOULDER DISLOCATION, SHOULDER PAIN, HUMURUS HIGH RIDING ARTHROSIS, DECREASED JOINT SPACE  THORACIC FACT ARTHROSIS, DISLOCATION TO T10-T12 R/O DISC HERNIATION  TEAR OF LEFT SHOULDER; This study is being ordered for trauma or injury.; 11/7/16; There has been treatment or conservative therapy.; EXTREME SHOULDER PAIN; PAIN MEDICATION, INFLAMMATORY MEDICATION, COMPRESSES TO SHOULDER	1

Doctors and Rehabilitation	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
Doctors and Rehabilitation	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	EXTREME PAIN IN LEFT KNEE, HURT WHILE WALKING, PATIENT HAS HAD PT WITH NO RESOLUTION.; 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.	1

Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient rates the severity of his main complaint as 10 on a scale of 1 to 10. He Experiences the complaint 80 percent of the time. He Currently experiences low back pain. The complaint is mostly noticed in the AM and PM and it lasts for about 24/7. Reli; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/10/2012; There has been treatment or conservative therapy.; BACK PAIN, KNEE PAIN, THROBBING, CONSTANT PAIN; Professional caregivers seen in the past include Pain Medicine Physician, Family physician and Physical Therapist. The following tests have been done in the past: X-rays and MRI scan . He has tried antidepressant, anti-inflammatory meds, hydrocodone and m	1
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a 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

Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		head trauma; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		Patient has been passing out consistently and family history of strokes; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; To rule out or confirm diagnosis	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Emergency Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	2
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX		1

Emergency Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Emergency Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Emergency Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Emergency Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	ABNORMAL XRAY, SUSPECTED T12 FRACTURE, MID BACK PAIN AFTER FALL YESTERDAY; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Emergency Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	4
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has low back pain that radiates down both legs; It is not known if there has been any treatment or conservative therapy.; pt was seen in ER and had normal ct's	1
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has low back pain that radiates down both legs; It is not known if there has been any treatment or conservative therapy.; pt was seen in ER and had normal ct's	1

Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT did have a CTA - findings mild stenosis - calcification of the Achilles tendon. multi level lumbar generative change. PT did have physical therapy on 12/16/16 to increase gait skills and decrease pain. PT is a diabetic.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Emergency Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	none; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	1

Emergency Medicine	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/26/16; There has been treatment or conservative therapy.; continue pain and difficulty walking; ice package heat and rest, progressive ambulation	1
Emergency Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1

Emergency Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Emergency Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.	1
Emergency Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient states he has pain for 3 weeks; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Limited range of motion	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; This is 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

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Emergency Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/26/16; There has been treatment or conservative therapy.; continue pain and difficulty walking; ice package heat and rest, progressive ambulation	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Constipation for month and a half. Sharp achy tenderness, upper abdomin. Bloody diarrhea stools. Dark urine.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hx of UTI's; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	1

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	N/A; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Reduced urine output, right sided suprapubic tenderness, right lower 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.	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; left lower quad tenderness, changing in bowel habits and pain worsen and not radiating left upper quad and clear urine and decrease appetite, sweat at night, pain while laying down,

1

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

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	9
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.; Trauma	1
Emergency Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Emergency Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1

Emergency Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache and unequal pupils; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Emergency Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	SPEECK PROBLEMS, PAIN FROM HEAD TO LEG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-11-16; There has been treatment or conservative therapy.; HEADACHES, LIGHT HEADED, DISORIENTED, NUMBNESS; MEDICATION	1
Emergency Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SPEECK PROBLEMS, PAIN FROM HEAD TO LEG; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9-11-16; There has been treatment or conservative therapy.; HEADACHES, LIGHT HEADED, DISORIENTED, NUMBNESS; MEDICATION	1
Emergency Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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
Emergency Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states he has neck 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

Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Emergency Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; patient has had radiating back pain for one and a half months	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 >	1

Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has low back pain and hip pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see clinicals from recent ER visit; The study 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
Emergency Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Emergency Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a 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

Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is vomiting and abdominal pain, diarrhea and nausea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN, SHORTNESS OF BREATH, TINGLING IN THE LEFT ARM, EKG SHOWED NON SPECIFIC ST & T WAVE ABNORMALITY, MINIMAL VOLTAGE CRITERIA FOR LVH; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	HYPERTENSION, FATHER WITH MI, CHEST PAIN THAT RADIATES TO RIGHT AXELA; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt had chest pain that was relieved by nitro. Pt has H/O HTN and smoking.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Endocrinology	Approval	70450 CT BRAIN, HEAD	Cannot do MRI do to metal plate in skull.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Endocrinology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Neck Mass; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	2
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	3
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	H/A low energy fatigue previous brain MRI and surgery to remove tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
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Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HEADACHES CHRONIC UNSPECIFIED; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	looking at the pituitary due to headaches high blood pressure none macro anomia on the pituitary; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1

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

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
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Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
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Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
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Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.

2

Endocrinology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has not been a previous Brain MRI completed.

1

Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	2
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1

Endocrinology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/05/2016; There has not been any treatment or conservative therapy.; pulmonary nodule, left adrenal mass for ab pelv	1
Endocrinology	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Endocrinology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Endocrinology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1

Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; It is not known if there has been any treatment or conservative therapy.; insomnia. palpitations, sweating, fatigue	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ELEVATED TESTASTARONE, LARGE LUTEM 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	1

Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pulmonary nodule, left adrenal mass for abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	2
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1

Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; weight loss; medications	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None 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.	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1
Endocrinology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Endocrinology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Endocrinology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radioiodine ablation.; It is unknown if the patient has a serum thyroglobulin level greater than 10ng/mL.; The patient has Thyroid cancer.	1
Endocrinology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; weight loss; medications	1
Endocrinology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.	1
Endocrinology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient 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
Endocrinology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mdo is trying to rule out a pituitary adenoma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Endocrinology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; weight loss; medications	1
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Endocrinology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; r adnexal hypodensity is noted, thickening of colon,	1

Gastroenterology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	3
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	2
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Gastroenterology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	4
Gastroenterology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/2/2016; There has not been any treatment or conservative therapy.; Pain, temp, chills	1

Gastroenterology	Approval	71250 CT CHEST, THORAX	gastric cancer, mass in the abdomen, ruling out METS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	IMMUNOSUPPRESSION DUE TO LIVER TRANSPLANT DONE IN 2013, ABNORMAL WEIGHT LOSS, POOR APPETITE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/24/11; There has been treatment or conservative therapy.; ABNORMAL WEIGHT LOSS DIARRHEA; STATUS POST LIVER TRANSPLANT	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Patient had a EGD w/BX that showed cancer. CT's are being ordered to check for metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Gastroenterology	Approval	71250 CT CHEST, THORAX	pt with dysphagia was found to have mass at the esophago/gastric junction during EGD that most likely represents a carcimona. Need CT of the chest and abd to evaluate metastasis or invasion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	r/o infection; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/2016; There has been treatment or conservative therapy.; pain; testing	1
Gastroenterology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Gastroenterology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1

Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	none; 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.	1
Gastroenterology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Gastroenterology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/11/2016; There has been treatment or conservative therapy.; abdominal pain and cramping, diarrhea; CT Scan.	1
Gastroenterology	Approval	72196 MRI PELVIS	Her abdominal pain can be explained by adhesion given her history of surgical procedures vs constipation secondary to pelvic floor muscle dyssynergia given her multiple abdominal and pelvic surgeries vs IBS. Will further investigate with anal manometry an; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Gastroenterology	Approval	72196 MRI PELVIS	She had a CT abdomen with contrast in Jan 2016 for RLQ pain which showed mild mucosal edema of distal small bowel.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MR enterography given mucosal edema of small bowel seen in past CT scans; There has been treatment or conservative therapy.; Nausea and vomiting; Currently, she takes Linzess 290 mcg daily, Colace 1-2 tabs/day, Miralax 2-3 packs/day, drinks 3-4 lit fluid per day, eats fiber. She stopped using Bisacodyl which helped her abdominal cramps.; She underwent biofeedback by physical therapist which helped	1
Gastroenterology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		3
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	2
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	2 LESIONS ON LEFT LOBE OF LIVER CONSISTANT WITH HEMANGIOMA.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Follow up on cyst of liver, abnormal 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	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Follow up on kidney replacement and previous hepatic lesion.; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	He is here to discuss possibly having a small bowel tumor in the family. He had a heart attack and his sister started talking to him and informed him of this tumor that runs in the family.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Pigtail Cath. and previous CT on 10/7/2016 and may need to be repositioned or removed. Abnormal CT; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>PT has abdominal pain radiating while sitting or laying ..; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Pt has history of hep c /elevated protein; 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.</p>	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt has pancreatic pseudo cyst, F/O to see if there has been any change.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt with dysphagia was found to have mass at the esophago/gastric junction during EGD that most likely represents a carcimona. Need CT of the chest and abd to evaluate metastasis or invasion; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	3
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	3
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	11
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Ulcerative Colitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; 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.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Crohn's disease.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	10
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.; The hematuria is newly diagnosed.	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	1

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	upper gastric rebound tenderness; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		5
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/2/2016; There has not been any treatment or conservative therapy.; Pain, temp, chills	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ABNORMAL LFTS,DIARRHEA,N/V,GASTROESOPHAGEAL REFLUX,ESOPHAGITIS,HEMATOCHEZIA,EVALUATE LIVER,R/O CAUSE OF LFTS,INCLUDING RECURRENCE OF TUMOR,EVALUATE N/V/D.; 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.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	colonoscopy done; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Diarrhea - Abnormal Weight loss - Nausea/Vomiting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is under 50 years old.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	FOLLOW UP CROHN'S R/O:OBSTRUCTION WITH HX OF CROHN'S PT WITH INTRACTABLE N/V,LLQ PAIN,PALE,WEAK,DECREASED APPETITE; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	gastric cancer, mass in the abdomen, ruling out METS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Hx of perforated diverticulum; post resection; reversed; having 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 the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	IMMUNOSUPPRESSION DUE TO LIVER TRANSPLANT DONE IN 2013, ABNORMAL WEIGHT LOSS, POOR APPETITE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/24/11; There has been treatment or conservative therapy.; ABNORMAL WEIGHT LOSS DIARRHEA; STATUS POST LIVER TRANSPLANT	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	LLQ Abdominal Pain; Will need to exclude colitis, inflammatory bowel disease, malignancies, and/or diverticulosis therefore, will order A/P CT Scan and labs as listed above.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Mrs. Price is a 57-year-old Caucasian male with a history of hypertension, diabetes, presents today for Hepatitis C cirrhosis. Labs done in January 2016 show alk phos of 104, AST of 198, and ALT of 289. Labwork 07/2016 AST 167, ALT 199, and bili of 1.4. 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.</p>	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Onset: 7 months ago. Location is LLQ. The patient describes it as colicky. Context: no pattern noted. Denies aggravating factors. Relieving factors include rest. Associated symptoms include constipation, diarrhea, nausea, vomiting and 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 male.; It is not known if a rectal exam was performed.</p>	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient had a EGD w/BX that showed cancer. CT's are being ordered to check for metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has a palpable abdominal mass; 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.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. had gall bladder removed (apx. 1 week ago), pt. has n/v and severe lower abd. pain, constipated (over 2wks).; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o infection; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/2016; There has been treatment or conservative therapy.; pain; testing	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O Stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	several months duration, assure there are no infections (inflammatory bowel or diverticulitis or 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.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	this is a follow up from previous CT when the patient was in the hospital; 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.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were 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.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	147
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Vascular disease;	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	5
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Enter Additional Clinical Informa63 year-old Caucasian male with a history hypertension, personal history of colon cancer/resection, presents today with reports of changes in his bowel habits. He reports he has developed some constipation. He states if h	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; high grade dysplasia , chronic adenoma	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	8
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Crohn's disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	11
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abd pain with nausea, vomiting, constipation & diarreha	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal ultrasound negative, gall bladder ejection fraction negative, EGD negative, lab work is normal	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; black stools and nausea, history of Crohn's disease	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Diverticulitis	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; epigastric pain constant nausea-	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Findings: The liver is scalloped in appearance and has a coarse echotexture compatible with cirrhosis. No intrahepatic ductal dilatation or focal liver lesion is identified. The gallbladder wall thickness measures 4.9 mm and stones are identified. The co	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; GASTROPARESIS, RULE OUT OBSTRUCTION	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; having abdominal pain, change in bowel habits, constipation, gas, heartburn, stomach cramps, difficulty urinating, exam showed left upper quadrant tenderness.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; IBS, Change in bowel habits, abdominal pain, Diarrhea, constipation	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Mild lower abdominal tenderness on exam, RLQ pain	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; NON INTRACTABLE VOMITING, NAUSEA, VOMITING, RUQ PAIN, BOWEL HABIT CHANGES, ELEVATED NWBC, FREQUENT PYROSIS, DECREASED APPETITE, DIARRHEA, REFLUX/R/O GASTROPARESIS OR GASTRIC OUTLET DYSFUNCTION OR GI MALIGNANCY	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient c/o continued abdominal pain despite negative EGD findings, small bowel follow through xray, pelvic ultrasound and Abdominal Ultrasound.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Previous ct scan in February showing mild pericolonic stranding surrounding the transverse colon in the left upper quadrant with few diverticuli suggesting acute/subacute diverticulitis	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pt having ab pain-can't find cause colonoscopy didn't show anything -hist of endometritis	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt being seen for Diverticulitis.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has colon stricture & abd pain, weight loss & anorexia	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; r/o obstruction	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; right lower quadrant abdominal pain had colonoscopy no biopsies normal finding tenderness in abdominal area pelvic pain	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unknown	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	4

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	16
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Inflammation of the Gall Bladder.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Patient having RLQ abdominal pain for several years now. On physical exam an epigastric pulsatile mass was palpable. Also has a history of ovarian cancer.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; There was an abnormal MRI that shows a lesion on the liver.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	2

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	1
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Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.	1
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Gastroenterology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;

1

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Impression: 1. Decrease in the inflammatory changes in the caudate lobe of the liver. 2. Minimal increase in size of the pancreatic pseudocyst in the pancreatic body, measuring 1.6 cm in greatest dimension compared to the prior study from Washington Regio

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Patient had colonoscopy performed in August and a polypectomy was performed. Pathology showed invasive adenocarcinoma. A flex sigmoidoscopy was performed in October and polypectomy site was biopsied again and it showed no residual cancer.
Requesting ct sc

1

Gastroenterology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.

2

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was 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.	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	1
Gastroenterology	Approval	74181 MRI ABDOMEN		2
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/11/2016; There has been treatment or conservative therapy.; abdominal pain and cramping, diarrhea; CT Scan.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2016; There has not been any treatment or conservative therapy.; pain nausea vomitting	1

Gastroenterology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2
Gastroenterology	Approval	74181 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has not been any treatment or conservative therapy.; 40 lb weight loss Liver lesion	1
Gastroenterology	Approval	74181 MRI ABDOMEN	Cirrhosis with ascites, Abdominal pain; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	MRI abdomen from outside was reviewed at the GI/HCC tumor board and no mass suspicious for HCC could be visualized by UAMS radiologist. Recommend follow up in 3 months with MRI.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	R/O pancreatic cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.";	5
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; < Enter answer here - or Type In Unknown If No Info Given. >	3
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Abn RUQ pain	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Abnormal finding on ultrasound.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Amylase 10/06/2016:Result Amylase 69 Lipase 72-ELEVATED   1. Upper endoscopy dated September 18, 2015 is an EGD done for abdominal pain where he finds mild antral gastritis, everything else normal. Biopsy with CLO test was negative. 2. CT abdomen	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Elevated lipase	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; IBS	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; She has had pancolitis in the past but her last colonoscopy in Feb 2016 endoscopically some mild right-sided colitis, loss of haustra diffusely, and an inflammatory polyp. Histologically, biopsies at 80cm and 50cm showed focal active colitis and the infla	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 3 mm cyst associated with a side branch of the pancreatic duct within the pancreatic head. This could be the sequela of prior pancreatitis versus side branch intraductal papillary mucinous neoplasm.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	3

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; HCV infection, currently not candidate for therapy due to HCC prognosis and lack of proven benefit of treating HCV in HCC patients not candidates for curative therapy.  MRI abd done on 5/9/2016 showing worsening of Hepatocellular carcinoma.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Pt with hepatocellular carcinoma currently being evaluated for a liver transplant. Imaging is to check for mets.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	4
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; It is not known if there is an ultrasound or plain film evidence of and abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; It is not known if there is an ultrasound or plain film evidence of and abdominal organ enlargement.; PLANNED SURGERY BECAUSE PATIENT NEEDS SPLEEN REMOVED, HIGH RISK PATIENT, SPLEENIC VAIN THROMBOSIS ON IMAGING	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Impression:   1. The pancreas demonstrates atrophy throughout the pancreatic body and tail with prominent dilatation of the pancreatic duct and calcifications within the head of the pancreas. no definite enhancing mass is noted. Findings are most sugges	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; MRI showed seroises of the liver and Fibrosis of liver py has HEP ...afp was elevated no count given , hypertension	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; pancreatitis;	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; She had a CT abdomen with contrast in Jan 2016 for RLQ pain which showed mild mucosal edema of distal small bowel.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Will order repeat MRE to evaluate previously noted mid small bowel lesions and thickening. If resolved will continue to peel back therapy	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 40yo M with no major PMH who recently underwent laparoscopic CCY and was found on IOC to have a filling defect in the distal CBD. He did not show up for ERCP which was scheduled within a week of the CCY and is here today for follow up. He does have some o	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Pancreatic Cyst having surgery in March to eval the size and possible removal of the pancreatic Cyst	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"	4
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >	2
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" A few areas of altered enhancement are present within the liver, the largest of which is predominantly located in segment 8 of the dome of the liver and measures 3.9 cm. This may represent patchy fatty infiltration of the liver but is indeterminate. Furth	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; abdominal pain, nausea and vomiting.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT abdom / pelvis showed adrenal mass that needs to be looked at closer with a MRI abdom. She also has abdom pain, tenderness, weight loss great than 10 pounds in 7 days, nasuea, and diarrhea.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; CT study done at WCMC shows that the patient has a possible mass of the liver measuring 1.4 cm in size and the radiologist suggested correlation with an MRI of the Abd w/ and w/out contrast	1

Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ELEVATED BILI&#x0D;&#x0D; Impression:&#x0D; 1. Stable 2 cm hyperechoic lesion in segment six of the right lobe of the liver which likely represents a hemangioma. This could be confirmed with a CT examination, hemangioma protocol.&#x0D; 2. There is a stable 6 mm nonmobile</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Liver suspicious for underlying periportal fibrosis.&#x0D; MRI with and without contrast, MRCP protocol ordered to confirm</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had abnormal ultrasound and elevated liver enzymes. MRI was recommended to futher evaluate this lesion or mass.</p>	1

Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had CT done that showed a indeterminate liver lesion.</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has a history of hepatitis C and has cirrhosis. Recently had ct scan that showed two 9mm hepatic focal areas of enhancement. Patient also complains of nausea and fatigue. Recommending MRI of abdomen w/wo liver protocol.</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has recent CT scan that showed low density mass in the posterior right lobe of the liver. Patient complains of abdominal pain, weight loss, and nausea and vomiting.</p>	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Previous CT scan found mass, Abdomen MRI recommended by radiologist.	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; recommend follow up imaging to ensure improvement of the focal thickening of the small bowel . as neoplasm is not excluded. Mostly represents active Cohn's disease .This process has worsened from the last study.	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Spleen enlarge 16.9mm liver left lobe hepatic cyst	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; This pt is 42yo female pt with no significant past medical Hx except for L5-S1 disc disease S/P multiple back surgeries, who was referred to our GI clinic from the genetic clinic for strong FHx of pancreatic cancer and +ve mutation; CA 19-9 was 59, it was	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal CT scan showing questionable mass to the right lobe of the liver. Recommended MRI for further evaluation. Also has elevated AFP</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Based on the radiologist's recommendations she will need an MRI of the abdomen for assessment of the kidneys with and without contrast. Indication is possible left kidney mass previously seen on US.</p>	1
Gastroenterology	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; unknown</p>	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had recent CT and MRI in September 2016 that showed liver mass. Recommended f/u imaging in 2-3 months.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; 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
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	3
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	6

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	3
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Autosomal dominant polycystic liver disease is distinct from polycystic kidney disease, since it is not associated with kidney involvement or cerebral aneurysms. Two mutations have been found to cause this disorder: a mutation in the PRKCSH gene that enco	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Complex liver cyst: Will repeat imaging to document stability	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; ct showed spots on liver and md wants to ensure they are benign	1
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Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; elevated phosthapase 127, white blood count under 3000	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; had elevated LFT's , patient might be rejecting transplant	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient abnormal US and CT scan on 9/12/16 and 9/13/16. It was found that patient had a pancreatic cyst. This is a follow up.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had a CT Scan and has Liver Lesion and they suggest MRI of Liver.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had a Ct Scan which showed Liver Lesions and MRI is requested to further Review the Lesions	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt is a 51 yo M with h/o UC and enteropathic arthritis presenting to the clinic for evaluation of the ileal stricture. He was diagnosed with UC over 15 years ago and his primary gastroenterologist is Dr. Ronald White. He reports that he achieved remission	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; It is not known whether this patient has undergone an attempted but incomplete conventional colonoscopy.; It is not known if this patient has a known obstructing colorectal cancer.; The member had colon screening studies completed prior to this request.	1

Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Patient had incomplete colonoscopy today due to excessive looping.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Scope advanced into sigmoid colon but very redundant and unable to easily advance further today therefore exam terminated. There were a few diverticula noted. Multiple cold forceps biopsies were performed for ulcerative colitis surveillance in the rectum.; It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.	1
Gastroenterology	Approval	74263 CT Colonography, screening	This is a request for CT Colonoscopy for screening purposes only.	3
Gastroenterology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	1
Gastroenterology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Gastroenterology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a 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.	1

Gastroenterology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	1
Gastroenterology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Gastroenterology	Approval	S8037 mrcp		1
Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient has acute pancreatitis.; The patient has not had an abdominal ultrasound.	1

Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2016; There has not been any treatment or conservative therapy.; pain nausea vomitting	1
Gastroenterology	Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	3
Gastroenterology	Approval	S8037 mrcp	Abdominal pain, Acute pancreatitis, von Willebrand disorder, has IBS-C, undergone prior egd/upper eus along with colonoscopy. 11/14 colon 3 DP. 1/15 EG/EUS - nl pancreas. Had been on amitiza 8 mcg po qd and vsl # 3, Went to ER about 3 weeks ago with sudde; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	abnormal lft's epigastric pain that radiates pain is palitated by the spine egb and gastric emptying can were both negative; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	dilatation; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Gastroenterology	Approval	S8037 mrcp	Dilated bile duct shown on recent ultrasound.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dilated bile duct shown on recent ultrasound.; It is not known if there has been any treatment or conservative therapy.; Dilated bile duct shown on recent ultrasound.	1
Gastroenterology	Approval	S8037 mrcp	Epigastric pain; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	MRCP recommended after vascular angio runoff. MRCP rule out neoplasm of the pancreas; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Patient has had her gallbladder removed but she is still having the gallbladder disease type symptoms. Dr. Baber is ordering a MRCP to check for possible bile duct stones.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Patient with history of pancreatitis and had CT scan that recommended MRI.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	Pt seen in the office for consult on 11/3/16 needs MRCP for f/u on dilated common bile duct seen on CT done a Baptist Health medical center. Pt also has epigastric pain and elevated Liver Function tests of AST 90, ALT 89, Total Bilirubin of 3.6 and Direc; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1

Gastroenterology	Approval	S8037 mrcp		surveillance of a mass found a yr ago in the liver; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	2
Gastroenterology	Approval	S8037 mrcp		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.	2
Gastroenterology	Approval	S8037 mrcp		This patient was hospitalized in early October for Left upper quadrant abdominal pain and was found to have acute pancreatitis. Dr. Nutt has ordered a MRCP to follow up on this and further evaluate to see if ERCP would be warranted.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp		unknown; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Gastroenterology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain all over back and down both legs for past 3 weeks, times unable to walk or stand , long history of back pain, torn disc in 2007; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Gastroenterology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1

Gastroenterology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	R/O pancreatic cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a 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.	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hep C affecting her liver; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with RLQ abdominal pain. Had abnormal CT scan of GI Tract. Had colonoscopy performed on 9/7/16 that showed the colon was somewhat "fixed" inthe pelvis area. Requesting CT scan to look at the muscosa of the area of concern in the strictured termina; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Status post liver transplant patient with history of hepatocellular carcinoma. Imaging to for surveillence.; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.	1
Gastroenterology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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 performed.; The results of the exam were abnormal.	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having symptoms of diarrhea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o ischemic colitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	3

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Chronic abd/pelvic pain and unintentional 13lb wt loss	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; constipation and diarrhea, ruling out diverticulitis, tenderness in rt upper quadrant, pain in left lower quadrant.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Generalized abdominal pain Nausea with vomiting Constipation	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; History of breast cancer, diabetes	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; LLQ ABD PAIN THAT IS MODERATE SEVERITY, QUALITY SHARP INTERMITTENTLY,TENDERNESS ON EXAM	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; none	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has gastroparesis	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has hx of gunshot wound with mesh, and he is experiencing tenderness around the mesh site.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has left lower and Right lower abdominal pain, and diarrhea ongoing since March. She had a colonoscopy in October 2015 and was found to have colon polyps.	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient is positive for Hepatitis C, R/O cirrhosis	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has gastro bleed, source unknown	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Ruling out Diverticulitis	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2015; There has been treatment or conservative therapy.; elevated liver function; unknown	1

Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	. 1. RUQ Abdominal Pain; Most likely secondary to SOD type 3 but will ROI today in order to obtain medical records and diagnostics.   2. Abnormal MRCP; Will order MRI/MRCP to visualize intra and extrahepatic biliary tree and pancreatic ductal system and; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work consistent with pancreatitis.; An abnormal amalyse or lipase was NOT noted.	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	2
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Dilated bile duct shown on recent ultrasound.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dilated bile duct shown on recent ultrasound.; It is not known if there has been any treatment or conservative therapy.; Dilated bile duct shown on recent ultrasound.	1

Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Liver bx was done	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt. has been having yearly MRI's for Biliary Cirrhosis, last MRI was 9/18/15. Pt. is also noted to have Fibrosis in the medial segment of the left lobe and anterior segment of the right lobe of the liver.	1

Gastroenterology	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She had a CT abdomen with contrast in Jan 2016 for RLQ pain which showed mild mucosal edema of distal small bowel.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MR enterography given mucosal edema of small bowel seen in past CT scans; There has been treatment or conservative therapy.; Nausea and vomiting; Currently, she takes Linzess 290 mcg daily, Colace 1-2 tabs/day, Miralax 2-3 packs/day, drinks 3-4 lit fluid per day, eats fiber. She stopped using Bisacodyl which helped her abdominal cramps. She underwent biofeedback by physical therapist which helped	1
Gastroenterology	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	1
Gastroenterology	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has not been any treatment or conservative therapy.; 40 lb weight loss Liver lesion	1
Gastroenterology	Disapproval	74263 CT Colonography, screening	Radiology Services Denied Not Medically Necessary	This is a request for CT Colonoscopy for screening purposes only.	3
Gastroenterology	Disapproval	S8037 mrcp	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.; 2015; There has been treatment or conservative therapy.; elevated liver function; unknown	1

Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	checking for family history of pancreatic cancer; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	Vomiting, nausea, constipation; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD			3
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	4
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	4

General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/15/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 9/27/2016; There has not been any treatment or conservative therapy.; pt feel and hit faceand back of head on coffee table	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	57 year old female with history of brain aneurysm and seizures, now having seizure once or twice per month.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	amnesia; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	ataxia; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	BLURRY VISION W/HEADACHES, MULTIPLE CONCUSSIONS FROM PLAYING COLLEGE FOOTBALL; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Bypassed clinical information; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	c/o HA which started about a month ago. He describes the HA as pressure to both sides of head. they last for a few hrs to several(2-6hrs.) He has been taking motrin 600mg to treat and it has not helped. He is concerned with a history of an aunt with strok; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	due to a fall where she landed on her face, passed out; This study is being ordered for trauma or injury.; 12/4/2016; There has not been any treatment or conservative therapy.; headache, nausea vomiting, dizzy, neck hurting	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Duration of Symptoms: Start: 09/08/2016  Physical Exam Findings:enlarged right cervical lymph nodes.Medications:extra strength tylenol Duration of Medications: 3 weeks on/off Reason for Study: evaluate right sided weakenss and intermittent swelling ri; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>eval for possible metastatic disease. pt found to have adenocarcinoma .&#x0D; -----&#x0D; -----&#x0D; DIAGNOSIS:&#x0D; Right lung mass CT guided biopsy:&#x0D; &#x0D; Well-differentiated adenocarcinoma with lepedic and mucinous feat; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Frequent falls; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; CT is first line for a bleed</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>frequent or severe headaches; has been having HA that feel different and are getting worse. Advil doesn't touch the pain. This has been going on for the last 4 months, headaches accompanied by numbness of the side of the face and head; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Further evaluation for headaches and Pt is passing out; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Generalized weakness transient weakness pain on entire left side for the past few months and it is getting worse states sleeping a lot and cant stay awake; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	H/a x 13yrs; concerned for brain tumor; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	HAD A HEAD INJURY DURING FOOTBALL GAME; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	headache for 3 days, no nausea, blurred vision, fatigue, insomnia, and patient has hx kidney disease, failure.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Headache noted. Onset was more than 6 months ago. The location is primarily left and right temporal. He characterizes it as severe and "knife-like". HE SAYS THIS HEAD PAIN IS GETTING WORSE AND HE HAS STRONG FAMILY HISTORY OF BRAIN ANEURYSM. MOTHER DIE; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Headaches.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	headaches/r arm numbness; visual changes; migraine meds have not worked;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if the patient is able to have a Brain MRI for evaluation of these symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	increased h/a; difficulty hearing; blurred vision; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Intractable headaches with nausea and vomiting.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Mental status change. Evaluating for suspected stroke.; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Ms. Rogers presents with headache. Ms. Rogers was diagnosed with migraine headaches 12 years ago. She has had prior headaches similar to this one. Typical headache frequency is nearly every day The duration of each episode is usually several days. Pre; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Ms. ZAKREWSKI is a 27 year old White female. Lying on bed and experienced Numb sensation in L Arm. states about 1 week later she had slurring in speech and jumbled words. No c/o of headaches  Ms. ZAKREWSKI presents with other speech disturbance.. It; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	None.; This study is being ordered for trauma or injury.; 12/09/2016; There has not been any treatment or conservative therapy.; Pt. fell on 12/09/2016. Major bruising, h/a's, dizziness, liver disease (low platelet count), r/o intercranial hemorrhage, elevated PTINR.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	NOne; This study is being ordered for trauma or injury.; 09/18/2016; There has not been any treatment or conservative therapy.; Severe headache after fall	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient fell at home and hit head. Swelling knot on left backside of his head. He is having headaches.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient has a lung mass - checking for metastasis to brain due to patient is having disequilibrium -; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient has had a change in mental status. Patient has had confusion. Mouth and facial droop.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
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General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient is having bouts of not being able to remember things, fits of rage, anger, also short term and long term memory loss. Patient is needing imaging so we can get him to a neurologist, also to confirm our diagnosis of early onset dementia.; 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
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General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient presents to clinic today with c/o headache and dizziness that started 4 days ago. Patient has taken medicine(OTC) for the headache, but has had no relief. Patient has a diagnosis of longstanding hypertension, and I am trying to rule out CVA.; 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
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General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient states he is getting over Bell's Palsy and states he diagnosed himself. He reports he had these symptoms for three weeks. He could not close his left eye and had left facial droop with drooling. He denies any arm or leg weakness. He states he; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient states she has had headache for 6 weeks. States that she has to hold her head to ease pain. She has had a C-Spine and X-ray and states she has been told that these were related to arthritis and aging.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient states that she has been having episodes of "deja vu" recently and had mild generalized seizure.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>patient suffered concussion with seizure in 2008, new onset headache.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient was seen for ER follow up for slurred speech, dizziness and sensory disturbances.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient with recurrent memory lapses.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	post concussion syndrome with persistent headaches; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt fell and has hematoma on the right upper side of skull; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	PT HAS BEEN EXPERCIENG SOME BLURRED VISION AND MAJOR H/A THAT HAS BEEN GOING ON FOR A FEW DAYS NOW. MEDICATION DOESNT SEEM TO HELP AT ALL.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has headaches and syncope (tremendous episodes) and went to the ER and was having trouble waking him up and went for a f/u visit today 12/27/16 and MDO wants him to have a CT; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has several risk factors for stroke including hypertension, hyperlipidemia, and uncontrolled diabetes mellitus.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt hit herself in the head/face with car door. Since that time she has had a headache behind her right eye, nausea, dizziness, and drowsiness.; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt hit himself in face with wrench about two weeks ago. he has had headache and irritability and memory loss; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt. c/o headaches2/2 s/p MVA hit and run w/seat belt use 12/6/16.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt. fell, has had headache, drowsiness and nausea since fall; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	R/O bleed versus CSF leak; This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; R/O bleed versus CSF leak	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	R/O concussion and kidney stone; This study is being ordered for trauma or injury.; 10/21/2016; There has not been any treatment or conservative therapy.; Right flank pain and nausea with urinary hesitancy, head injury with nausea	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Retro-orbital pressure/pain. History of Retro-orbital tumor; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	see scanned info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Headache with jaw pain (non dental); Chest Pain with negative cardiac cath; Chest Pain- Nitroglycerin, cardiac cath r/o cardiac nature; Headaches - OTC medications	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Seizure evaluation; This study is being ordered for trauma or injury.; 10/9/2016; There has not been any treatment or conservative therapy.; face pain, seizures, black eyes, face bruising and swelling	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Severe headache with nausea and vomiting started last night. Elevated blood pressure.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Slurred speech, blurred vision, facial numbness lasting 1 min, family history of stroke and heart disease; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Sudden onset of mental status changes, patient unsure of surroundings and is only oriented to person at times.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	46
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	3
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	15

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	146
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General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	15
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General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; This is a request for a brain/head CT.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.; This study is being requested for a headache.; This study is being requested for a headache.; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	7
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	11
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This patient has a history of thyroid and colon cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	unilateral new onset headache  family hx of CAA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	UNKNOWN; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About 09/28/16; There has been treatment or conservative therapy.; Head symptoms; patient complaining of lump below her chin, between anterior angle of mandible, said it is tender to touch and movement.; Patient was referred to a General Surgeon for evaluation of lymph nodes.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	VISUAL DISTURBANCE,HEADACHE,HTN,FATIGUE,; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; There is another reason why an MRI is not being considered; NO AVAILABLE MRI SPOTS OPEN FOR MRI TO BE SCHEDULED ASAP	1
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		1
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"	2
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for an Internal Auditory Canal CT.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	12

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	4
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/1/2016; There has not been any treatment or conservative therapy.; Pt has whip lash injury/ stiffness/ limping	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for trauma or injury.; 9/27/2016; There has not been any treatment or conservative therapy.; pt fell and hit face and back of head on coffee table	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; 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.	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Chronic maxillary sinusitis; cefdinir; ct of sinuses; 1. Follow Up of Sinus symptoms (acute); Onset: 3 Weeks. The severity of the problem is moderate. The problem has worsened. Both sides are affected. Pertinent/initial symptoms include facial ; 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)	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	continued facial swelling into patient neck , rule out infection,; 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.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Facial pain. Left tympanic membrane with fluid noted. Left TMJ and submandibular area are exquisitely TTP.; "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.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Facial swelling on left side of face.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	infection; This study is being ordered for Inflammatory/ Infectious Disease.; 11/28/2016; There has been treatment or conservative therapy.; swollen glands, fever, unable to swallow, drainage, swelling of the face; medications	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	None.; This study is being ordered for trauma or injury.; 12/09/2016; There has not been any treatment or conservative therapy.; Pt. fell on 12/09/2016. Major bruising, h/a's, dizziness, liver disease (low platelet count), r/o intercranial hemorrhage, elevated PTINR.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	NOne; This study is being ordered for trauma or injury.; 09/18/2016; There has not been any treatment or conservative therapy.; Severe headache after fall	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Parotiditis. Facial pain. Left tympanic membrane with fluid noted. Left TMJ and submandibular area are exquisitely TTP.; "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.	1

General/Family Practice

Approval

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

Patient continues to have sinusitis after conservative treatment since 10/31/2016. Patient has repeated episodes of sinus drainage. Patient continues to have ear discomfort, nasal discharge, postnasal drip, and nasal passage blockage (stuffiness).; 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

1

General/Family Practice

Approval

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

Patient has not improved with antibiotics. Patient is having trouble sleeping and has increased nasal passage blockage. Patient continues to have headache with pressure under eyes. Patient has sores in mouth for 3rd time in 1 month. Brown nasal drainag; 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

1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient has recurrent sinus infection. Unable to use steroid nasal sprays, chills no fever, cough has yellow/white mucus. Bilateral ear pain, happens every year, can't sleep, began 2 weeks ago.; 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.	1
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General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient with chronic sinusitis. Tried and failed augmentin, levaquin, azithromycin and clindamycin. Prednisone x 3 and fluticasone.; 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	1
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General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt has been on 3 courses of antibiotics and failed those along with steroids. She still complains of pressure and 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 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
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General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Pt has tried OTC nasal sprays and Rx Flonase, with no resolve, this has been going on since early October; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Seizure evaluation; This study is being ordered for trauma or injury.; 10/9/2016; There has not been any treatment or conservative therapy.; face pain, seizures, black eyes, face bruising and swelling	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This is a request for FINE CUTS OF THE SALIVARY GLANDS, especially the SUBMANDIBULAR GLAND on the LEFT -- 29 yo female noted to have a small stone palpated along the left submandibular gland. Please assess for stone & it's size. Thanks! "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.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	5

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	5
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	22
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	25
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		2

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; neck mass, hematuria	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/16; There has been treatment or conservative therapy.; swollen lymph glands, tenderness, swelling,; medication	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has 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.	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Current Problems:  Last Reviewed on 9/28/2016 04:51 PM by Burleson, Savanna Anxiety, generalized  Reactive airway disease  Tachycardia, unspecified  Essential hypertension  Surgical menopause  Chronic insomnia  Hormone imbalance  Sinus arrhythmia; This study is being ordered for a neurological disorder.; Initial onset was 2 weeks ago.; There has been treatment or conservative therapy.; body aches, headache and Pt states her throat feels like its going to close up Concerning neck pain, it radiates to the upper back, shoulders, and Pt states it radiates all the way to her feet. The pain is characterized as severe, constant, sharp, pulli; walk in clinic about 2 weeks ago and they gave her ABT and that she does not feel any better..	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	due to a fall where she landed on her face, passed out; This study is being ordered for trauma or injury.; 12/4/2016; There has not been any treatment or conservative therapy.; headache, nausea vomiting, dizzy, neck hurting	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Enlarged lymph node to neck despite treatment with antibotics; 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	infection; This study is being ordered for Inflammatory/ Infectious Disease.; 11/28/2016; There has been treatment or conservative therapy.; swollen glands, fever, unable to swallow, drainage, swelling of the face; medications	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	None; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient has swelling just inferior to the left ear at the superior portion of her 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt feels like she has an obstruction in her throat when she swallows for the last couple months; 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The Pt has neck mass x 9 weeks enlarging.; 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.	2
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.	3
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	3
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	2
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	76
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	UNKNOWN; This is a request for neck soft tissue CT.; The 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.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; About 09/28/16; There has been treatment or conservative therapy.; Head symptoms; patient complaining of lump below her chin, between anterior angle of mandible, said it is tender to touch and movement.; Patient was referred to a General Surgeon for evaluation of lymph nodes.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Unknown; This study is being ordered for trauma or injury.; 12/9/2016; There has been treatment or conservative therapy.; Unknown; Previous imaging	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; headaches, facial numbness and tingling, difficulty w/speech and neck pain; medications	1

General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	follow up to abnormal cta 5 yrs ago ,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has not been any treatment or conservative therapy.; don't know	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	MR angiogram head without contrast showed a possible anterior communicating artery aneurysm versus left paraclinoid artery aneurysm. Differential diagnosis would include a hemorrhage in pituitary adenoma. Correlation with brain MRI using sella protocol a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	8
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several years; There has been treatment or conservative therapy.; headaches, facial numbness and tingling, difficulty w/speech and neck pain; medications	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	10
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	2

General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	3
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; one week from monday; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Brain MRI performed results normal.	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	neuropathy of upper extremities bilaterally since Feb 2016, no relief with NSAIDs and other measures, cervical xray yesterday showed multilevel DDD involving C5-C6 and C6-C7; "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
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Patient has family his of vascular tumor with mother and maternal uncle.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; Headaches, neck mass, and neck pain.; Chiropractic care, massage therapy, and exercises.	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	swollen neck; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1

General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	2
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2016; There has not been any treatment or conservative therapy.; dizziness, near sinkable episode, visual disturbance, numbness and tingling	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2016; 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 >;	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	headaches last 10 min after lifting weights; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	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; There has been treatment or conservative therapy.; Headaches, blurred vision.; Medication	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	Previous stroke 1/16. Admitted to hospital with another possible stroke this past weekend; This study is being ordered for Vascular Disease.; 1/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	Pt has been having severe headaches for 3 weeks along with Vertigo, gait instability, nausea, the headaches are waking him up while he is sleeping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks ago; It is not known if there has been any treatment or conservative therapy.; Severe headache with Vertigo, gait instability, nausea, the headaches are waking pt up from his sleep.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	4
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4

General/Family Practice	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	unknown; This study is being ordered for trauma or injury.; 11/26/16; There has not been any treatment or conservative therapy.; Pt has headaches, dizziness, numbness on the left side of the face, right side body weakness	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	Previous stroke 1/16. Admitted to hospital with another possible stroke this past weekend; This study is being ordered for Vascular Disease.; 1/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.	1

General/Family Practice	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		5

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

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

2

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 >;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/30/2016; There has been treatment or conservative therapy.; Headache , , blacked out , pain over right eye , numbness to right side of head; Medication	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; WEAKNESS in her legs, HA, balance problems , difficulty walking , woke up and couldn't mover her legs for over an hour , sharp shooting pain at the base of her neck , syncope episodes; Physical therapy	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2016; There has not been any treatment or conservative therapy.; dizziness, near sinkable episode, visual disturbance, numbness and tingling	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/19/2016; 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 >;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/1/2016; There has not been any treatment or conservative therapy.; Pt has whip lash injury/ stiffness/ limping	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<patient's had a complaint of headaches for 10 months dating back to 3/31/16, which hasn't resolved; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	. Pt has intermittent dizziness for last 2 months. Pt says she has daily ha's. Pt also has fatigue. Pt says otc meds help her ha's. Pt says dizziness last about 30 min.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; 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.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/29/16; It is not known if there has been any treatment or conservative therapy.; pt is having right arm weakness, partial paralysis in wrist. poor extension no known injury. needs MRI cervical to assess for nerve impingement and MRI brain to assess for metastatic disease causing this new sudden neurologic deficit.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-23-15; There has been treatment or conservative therapy.; Neck pain for four months, bilateral hand/arm numbness and tingling, new onset headaches.; NSAIDS, Medrol Dose Pack, Chiropractor, Naproxen.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	10 years ago pt had incidental finding of pituitary tumor that was lost to f/u. needs f/u now in light of her present set of symptoms and health concerns. headache, elevated BP, new onset anxiety; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	10/03/2016 PATIENT WAS SEEN AND STATED HIT HER HEAD SEVERAL MONTHS AGO AND HEADACHES WERE ONGOING, PERSISTENT AND WORSENING AND ARE DAILY; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2.4 x 2.5 x 2.8 cm brain neoplasm by MRI 6/2016. Now having increased temporal headaches; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	38 year old male with history of 8-9 concussions during football playing days. Physical exam finds frequent and severe headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	4-5 headaches a week for past 6 months - pt has been on meds (Elavil); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

55 y.o. female presents with bilateral lower extremity jerking x 2 months. Saw Fulton when it started and she stopped all her meds. Stopped each medication for a two week period with no cessation in movement. No new injuries or changes in meds around the ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Abnormal CT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	All information is given, if documentation is required I can fax them as well.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016 Headaches; 01/28/2016 Low Back Pain radiating into bilateral legs; There has been treatment or conservative therapy.; Intractable Headaches, comes on quickly, requires to be in dark room to go away.; Pain in lower back that radiates into bilateral lower legs and into feet.; NSAIDS, Pain Medication, At home physical therapy	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Arnold-Chiari syndrome without spina bifida or hydrocephalus; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Difficulty walking, talking, swallowing, pressure in head. Numbness tingling in legs; Xray, CT's, Medications. ongoing for years,	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Atypical recurrent h/a's.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Blood pressure med sharp muscle pain to left arm started last week when went motorcycle riding, also feeling generalized weakness and dizziness, drowsy almost drunk feeling for a week and states she has been falling down more; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Chronic headache not improvement; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Dec 9, 2016 - Patient presents to the clinic today with complaints of migraines, nausea/vomiting, and possible anemia. States that she was also in a wreck last Saturday. Her car hydroplaned and she ended up hitting her head on the steering wheel. 2) Her; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Delay; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Difficulty closing eyes and smiling after er visit, symptoms are getting progressively worse, need MRI for further eval; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Dizziness, vertigo ongoing for over two weeks, not better with medication. Feels as if room is spinning and his body flips upside down. CBC, CMB and TSH done. All were normal.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	due to motor vehicle accidents head injury; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Fine Tremor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	frequent recent dizzy spells with hot flashes and more recurring headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hand numbness and weakness, dizziness, vision defects; This study is being ordered for a neurological disorder.; 8 weeks ago; There has been treatment or conservative therapy.; extremem fatigue, parathesia, low back pain to left leg; exercises, nsaid	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	has history of DDD to her C-spine and long history of headaches but having increase in pain and has never had headaches that continue for this amount of time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago; There has been treatment or conservative therapy.; headaches, neck pain, left arm numbness; ibuprofen, tylenol, hydrocodone	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Having ataxia; fell at work on 11/06/2016; balance off; fatigue and sob w/exertion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	having blackouts; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache with left sided 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches and dizziness (Arnold Chiari obstruction) low back pain with weakness, pain down left leg, knee jerk reflexes 2/4 left knee and 0/4 right knee; This study is being ordered for a neurological disorder.; Onset since patient was 13 years old.; There has been treatment or conservative therapy.; Headaches and dizziness. Low back pain with weakness, pain radiating left leg; Home Physical Therapy NSAIDS, muscle relaxers and pain medications. Being followed by a neurosurgeon who recommends this test.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches for 5 weeks, has photophobia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches usually right retrobulbar, assoc w/ vision disturbance, N/V, near syncopy spells.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Here w/ complaint of L facial, body and L leg numbness/tingling that started on 12/4, Initially she had dizziness and HAs also. Went to the ER at Saline. They gave her prednisone, but it didn't change the neuro sx at all. They did a CT of the brain which ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>history of cancer . r.o metastatic malignancy; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>history of cancer, r.o metastatic malignancy; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>history of concussion, memory loss, weakness, dizziness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.</p>	1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

IP bypassed clinicals; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

It almost appears pt may have Myasthenia Gravis, referring to neuro as well but wanted this to send to neuro.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Long discussion held with patient concerning her hair symptoms and various potential causes. Refer to endocrinology for evaluation of her hair disorder. MRI ordered for evaluation of her questionable lymphadenopathy and persistent headaches. Follow up aft; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Mass noted on left frontal region, pt reports worsening of headaches not controlled with medication. Pain is localized to location of mass.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MDO is looking for possible MS, patient is having arm paralysis/adema for 1 day and flashes in her eyes, severe pain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Meds did not help; severe h/a; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	migrainosus for 6 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MR angiogram head without contrast showed a possible anterior communicating artery aneurysm versus left paraclinoid artery aneurysm. Differential diagnosis would include a hemorrhage in pituitary adenoma. Correlation with brain MRI using sella protocol a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New onset daily headaches no prior history of migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	No info given.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; Pt has headaches and memory loss , Vertigo and vision changes .; Medication for headaches	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 Months; There has been treatment or conservative therapy.; Headaches, blurred vision.; Medication	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had a head injury years ago and was in a coma. Now is having daily headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient had cardiac arrest event. Revived with CPR, loss of consciousness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient had stroke 05/2016; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT HAS A PERSONAL HISTORY OF BREAST CANCER. SHE PRESENTS TO CLINIC WITH HEADACHE FOR 1 1/2 MONTHS WITH NO RELIEF WITH MEDS. SHE ALSO HAS NAUSEA AND CAN'T SLEEP.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has been experiencing chronic headaches, headache 08/17/16 occurred with sudden onset, It was associated with photosensitivity, nausea and occasional vomiting at that time. The headache has gone but patient still gets headaches since; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has chronic migraines and facial numbness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has family his of vascular tumor with mother and maternal uncle.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; Headaches, neck mass, and neck pain.; Chiropractic care, massage therapy, and exercises.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has had recent TIA. We would like to evaluate current vertigo and syncope.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient head hurts 10 to 15 minutes. Her longest headache lasted 30 minutes. Headaches are daily 3 to 4 episodes.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

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General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

patient is having headache with muscle weakness patient has a history of cancer as well; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having increased episodes of forgetfulness and noticeable trouble processing information at times. Did lose consciousness at the time of the accident and has no memory of the accident or for a time afterwards.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient presents with bilateral upper extremity intention tremor, worsening over past several months and affecting her activities.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
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General/Family Practice

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient was hit from behind by a car on 10/03/2016; brain ct showed an aneurysm; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago.

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General/Family Practice

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient was seen in the ER for slurred speech. CT of the Brain was done and report stated Questionable subtle low density changes deep white matter left frontal lobe. Finding could be further evaluated with MRI Brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with left sided facial droop going on for some weeks with slight improvement but still present. Difficulty closing left eye. Ct of head was unremarkable; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Positive for ataxia and 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	possible pituitary microedema, focus sella turcica; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Possible seizures; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Post meningioma resection; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pounding and throbbing; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Previous stroke 1/16. Admitted to hospital with another possible stroke this past weekend; This study is being ordered for Vascular Disease.; 1/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PROGRESSIVELY WORSENING OF HEADACHE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt complains of dizziness and memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt fell and hit there head.; 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
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT FELL OFF HOUSE 9 YEARS AGO AND PT NOW HAS DAILY HEADACHES THAT ARE WORSENING; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PT HAD A CT 2008 WHICH SHOWED A DERMOID CYST OF THE BRAIN. HAVING SOME NUMBNESS IN HER RIGHT HAND WITH BURNING ASSOCIATED WITH SOME WEAKNESS. NEEDS MRI TO R/O ANY EXPANDING CYSTS. THE BURNING IN HER HAND HAS BEEN INTENSE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Pt had an abnormal CT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has a pineal cyst that needs to have re-evaluation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has been having severe headaches at the top of his scalp 3 or 4 times per week for around 6 months. He has tried OTC tylenol and ibuprofen with no results.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has been having severe headaches for 3 weeks along with Vertigo, gait instability, nausea, the headaches are waking him up while he is sleeping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks ago; It is not known if there has been any treatment or conservative therapy.; Severe headache with Vertigo, gait instability, nausea, the headaches are waking pt up from his sleep.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has had memory loss over the last year. It was worsened in the last 3-4 months. She has forgotten things that she does daily such as playing an instrument.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt having memory loss, 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt having severe headaches on the Rt temple; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT IS HAVING HYPESTHESIA AND HYPOESTHESIA SYMPTOMS.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is having left sided facial numbness,begins in neck 1 week ago, pain sharp and burning, radiates to the head. numbness to left anterior chest left jaw, neck and ear. Numbness is present. She has multiple stroke factors.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt presenting with new headaches/ headaches are daily with no vision changes but is worse with certain positions; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT SEEN PHYCHIRATRIST; This study is being ordered for trauma or injury.; 8/20/2016; There has been treatment or conservative therapy.; CHEST PAIN, DAILY HEADACHE, FATIGUE, POOR CONCENTRATION, DECREASED LEVEL OF CONSCIOUSNESS; HEAD CT-NEG, MEDICATIONS WITH NO RELIEF.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt. is having blurred vision, headaches. Pt. has shooting pain down her back.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt. reports memory difficulties. pt. continues to have headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o chairi malformation needs mri to confirm, pt has no symptoms; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O shingles; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O TIA or stroke, patient has confusion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Right leg numbness, she has 20 min "episodes", right facial drop, hasn't seen any dr in over 10 yrs, but has a seizure history.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Server Fatigue; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She is having flares of symptoms-with increasing numbness-drooping of lower lip, unable to open eye and pain-s/s seem to be worse when she does not sleep-She is able to close her eye but is bothered by light during hr of sleep-she continues to use lubrica; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Still having odd headaches. She had none in September, but they have resumed this month. They are usually sharp pains, fleeting, different parts of her head; occasionally a dull generalized headache will last a few hours. No aura, photophobia, 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Sudden memory loss, short term; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	3

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	5
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	43
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	173
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	13

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	89
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	17
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	24

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	7
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	5
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	6

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	11

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	11
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	2

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	23
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	43
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	4
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	3
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	16
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	2

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
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General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	To evaluate chronic headaches not improving. Chronic neck pain and tremors are not improving as well.; This study is being ordered for Inflammatory/ Infectious Disease.; 1/6/2016; There has been treatment or conservative therapy.; Headache, neck pain, low back pain, and sacroiliitis.; Medication for 1 year	1
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General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Trying to rule out chronic sinus infection vs other neurologic process.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; New daily persistent headache and asymmetrical hearing loss of left ear; Tylenol	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/14/15; There has been treatment or conservative therapy.; neuropathy bilateral arm, numbness and weakness in both arms, blurred vision, headaches. muscle spasms in neck; 6 weeks of PT, OTC tylenol	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 11/26/16; There has not been any treatment or conservative therapy.; Pt has headaches, dizziness, numbness on the left side of the face, right side body weakness	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Visual changes Prior testing- Exam by optometrist, but she did not have the mri yet as she was having problems with her insurance, The visual changes began a few years ago, The visual changes are in both eyes, The visual changes occur frequently, The v; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>We have been treating this patient for since 07/29/2015 for migraines that we initially thought to be stress related. the migraines are associated with nausea. She has been treated with imitrex which is ineffective as she will wake up with a migraine. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Will fax clinical information; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		3
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	33

General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; < Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; Having cp since 11/2016; xray and ekg were unremarkable; r/o vascular disease; father had cad and congestive heart failure; mother had parkinson's; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; previous tests done and chest ct was negative, chest pain on going since October 2016 ER visit, pt has smoking history to present, family hx(brother) early heart attack, family history of heart problems.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	167
General/Family Practice	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	5
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	6
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8

General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; Pain; Failed PT, Inseeds	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/07/2016; There has not been any treatment or conservative therapy.; weight loss, smoker, pain	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/2016; There has been treatment or conservative therapy.; Lumbar pain radiculopathy; back pain meds	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/16; There has been treatment or conservative therapy.; swollen lymph glands, tenderness, swelling,; medication	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/15/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	5
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	8

General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; This study is 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.; ;	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2016; There has not been any treatment or conservative therapy.; Solitary pulmonary nodule Solitary pulmonary nodule; Adrenal disorders Disorder of adrenal gland, unspecified</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>1 yr f/u of nodule found on previous Chest CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>2-3 months of left tenderness and swelling at left sternoclavicular juncture. X-rays were normal, medial edge was a little jagged. Discussed with radiology and they recommended a non-contrast CT of the chest limited to the sternoclavicular juncture to ru; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>3 5 milimeter nodules in right lung 2 millimeter nodule against right pleural surface medially; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	5 centermeter 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A 12 MONTH 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	23
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	8
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	36

General/Family Practice	Approval	71250 CT CHEST, THORAX	A CT chest on 10/2/15 had changes consistent with her emphysema but no concerning nodules or masses. I saw the patient last in June and she returns today for routine followup. She has dyspnea on exertion but is okay at rest and sleep. She has been monitor; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abdominal pain , night sweets; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/23/16; There has been treatment or conservative therapy.; elevated white blood count higher each time she comes in; Medication ,	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abn CXR with emphsematous changes calcifications and lymph node enlargement tobacco abuse copd; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abnormal chest x ray, lymph node enlargement, history of smoking.; "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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal chest x-ray on 09/29/2016; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	ABNORMAL CHEST XRAY WITH A SUSPICIOUS MASS ON THE RIGHT LOWER LOBE; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	abnormal CT 3 months ago should , left upper lobe nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abnormal finding of lung field. 3 month f/u on previous CT chest as recommended. She recently had PFTs suggestive of COPD. She complains of wheezing and short of breath at times.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Atypical chest pain; abnormal cxr; EKG was normal; family history of heart 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Axillary Lymphadenopathy abnormal weight loss; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Blood in 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Calcified and noncalcified nodules in both lungs are stable and may all reflect evidence of old granulomatous disease of the thorax.; This is a follow up exam; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	cardiology recommend 6 month follow up CT chest for pulmonary nodules, right and left lungs; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	CHEST CT IN APRIL 2016 CONFIRMS A PULMONARY NODULE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	chest xray does show pulmonology on the right side and unintended weight loss of 30 pounds.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Chronic cough; cxr was done; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	COPD , irregular CXR additional ICD-10 codes e13.42 / e11.9; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	COPD; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Cough, un-resolving pneumonia, former long time smoker. screening for lung cancer.; 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	CT in 2014 showed mass, f/u; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	ct scan done 4/2016 and it was recommended she get a f/u for lung nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Density in lung base; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Diagnoses: Chronic obstructive pulmonary disease. Cancer R lung; past medical/surgical history; Surgical; ** Lung surgery; ** Lung lobectomy; ** Partial lung lobectomy; 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	F/U lung nodule Abn CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	F/U lung nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	follow up Chest CT, mass increasing in size; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow up exam from 8/19/16, hx of Left Empyema and mild aortic dilation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	follow up on a chest ct hat was abnormal; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow-up to CT completed last year which showed nodules; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	FOUND PERICARDIAL CYST ON CT CORONARY CALCIUM SCORE ON 9/13/16. RADIOLOGIST RECOMMENDED A FOLLOW UP IN 3-6 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Had a chest ct that showed increased soft tissue density in the superior mediastinal and another chest ct is being requested; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Has Unexplained weight loss. Increase Shortness of breath. Intractable diarrhea for months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	he is needing it for on going chest pain and the the mass that was found on his lung.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has a lung mass and on going chest pain; There has not been any treatment or conservative therapy.; he primary symptoms are chest pain and neck pain.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	inflammation in chest right lower area// 2cm nodule left lower area; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
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General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient has copd, chest pain, cough, SOB, bronchitis; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
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General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Right pleural effusion, Right pleuritic chest pain pot antibiotics, history of smoking; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Lab work and X ray reveal further study required; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	labs showing elevation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/02/2016; There has not been any treatment or conservative therapy.; Mediastinal seen on chest x-ray elevated CRP, sedrate, whiteblood cells	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Lung Nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Mr. Spencer presents with a diagnosis of lung nodule. Prior work-up has included a CT scan (chest CT (results: bilateral pulmonary nodules which are probably benign but a six month followup noncontrast chest CT is recommended)). DUE IN NOVEMBER 2016 f; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	MRI had a left adrenal cyst on previous MRI. Needs CT in follow up. MRI showed a mediastinal cyst also. CT is also recommended.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/01/2016; There has been treatment or conservative therapy.; Joint pain, extreme tiredness, and weight gain; Rheumatology and previous MRI that showed the left adrenal mass	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Multiple nodules of lung;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	N/A; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	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.; Abdominal pain a few weeks ago, Coughing last week.; There has been treatment or conservative therapy.; Coughing up blood, decreased breathe sounds in right and left lower field, abdomen is distended(swollen), tenderness in the right and left upper quadrant.; Surgery, medications, gastritis, and endoscopy.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Nodule is noted in left upper lobe, one in the left lung, not seen on 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/2016; There has been treatment or conservative therapy.; R/O mass swelling; Lab work ultrasound	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PAIENT HAS KNOWN PULMONARY MASS AND WAS TOLD TO FOLLOW UP IN 6 MONTHS TO SEE IF IT HAS CHANGED; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had a CT chest to evaluate 6 mm RUL lung nodule. This patient has a CT chest in August 2016 that showed the nodule. This would be the follow up Chest CT.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had Chest 2 View done on 08/22/16 and a small lung nodule seen at the lung base on CT is too small to visualize with plain films and followup with non contrast Chest CT would be most helpful.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	patient had previous CT which showed nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT HAD XRAY THAT SHOWED A DEFORMITY OF THE STERNUM PATIENT HAS BEEN HAVING PALPITATIONS NEED TO RULE OUT IF THIS IS THE CAUSE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has a 4 month history of intractable back, abdominal and rib pain. she has a history of hodgkins lymphoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has a lung mass - checking for metastasis to brain due to patient is having disequilibrium -; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has abnormal bone scan that showed possible metastasis.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has colon cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has concern about on going cough, is a current smoker. Medication has not helped the cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient has had mri and xrays, provider ordered ct for further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient I having swelling of the supraclavicular region over the last year. CXR shows borderline cardiomegaly and mediastinal enlargement. Fullness in the supraclavicular regions bilaterally, left greater than the right. Patient has a history of renal cel; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient is a 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT PRESENTST TO CLINIC FOR FOLLOW UP ON LUL NODULE. PATIENT WAS SEEN IN JULY AND HAD A CHEST X-RAY THAT SHOWED A NODULE AND HAD A CT CHEST. THE REPORT FROM THE CT RECOMMENDED FOLLOW UP IN 6 MONTHS.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient previously had an mri and xrays. provider ordered ct for further evaluation.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient was found to have a lung nodule on his last CT scan, he is needing a 6 month follow up scan.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient was recently diagnosed with bronchitis. He is having issues with dysnea and normal PFT's.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	patient was to have a repeat ct due to a abnormality on ct in sept 2016 per radiologist; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient with chronic cough and dyspnea.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	patient with continuing cough requiring CT chest as recommended by 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Persistent pulmonary contusion with posttraumatic pneumatoceles in the right lower chest.; 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pleural effusion; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pneumonia that wont go away; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pneumonia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	post thoracotomy pain, possible malunion after surgery; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Previous abd ct showed nodule, needing recommended f/u exam; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Prior CT Neck was ABN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had a chest xray and abdominal CT. These tests found the pt to have fluid on his left lung; he is needing a chest CT to further access.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had aortic aneurysm in 2000, this is a f/u; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had CT abdomen and pelvis noted a 7mm nodule that needs follow-up, non smoker HX of renal cell carcinoma, left status post nephrectomy; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT HAD CT CHEST ON 6/7/16 THAT SHOWED MULTIPLE NONCALCIFIED NODULES IN BOTH LUNGS. RADIOLOGIST RECOMMENDED FOLLOW UP IN SIX MONTHS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT HAD CT CORONARY CALCIUM SCORE ON 1/6/16 THAT SHOWED A LUNG NODULE.DID CT CHEST ON 4/19/16 AND IT SHOWED 7MM LUNG NODULE. RADIOLOGIST RECOMMENDED RE-CHECK AFTER 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	pt had CT in 01/2016 rad rec 6 month 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has an enlarged left axillary lymph node.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has asthma; j45.909; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has had cough x 1 year, he came in for Chest Xray and it show scattered densities; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has known large ascending aortic aneurysm measuring 4.6 cm x 4.5 cm that requires monitoring for changes/worsening; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has known pulmonary nodule. This is her 6 month follow up for evaluation of stability; "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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has non-Hodgkins lymphoma, stage 1; now having abnormal weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has reported cough, chronic and unresolving for several months. She has been treated medically and has had normal chest xrays twice in the last year. This pt has a personal history of malignant breast cancer and requires further evaluation to rule ou; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt having chest pain and shortness of breath since 8-30-2016. echo showed normal.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt is having chest discomfort, and increased dyspnea on exertion. She had abnormal CT Chest in 3-2016. needing to repeat that CT to see if any changes.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	pt needs ct for cystic fibrosis and exerbation of bronchitis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT SEEN PHYCHIRATRIST; This study is being ordered for trauma or injury.; 8/20/2016; There has been treatment or conservative therapy.; CHEST PAIN, DAILY HEADACHE, FATIGUE, POOR CONCENTRATION, DECREASED LEVEL OF CONSCIOUSNESS; HEAD CT-NEG, MEDICATIONS WITH NO RELIEF.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt with recent weight loss, chronic cough and shortness of breath; 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.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	PULMONARY FIBROSIS AND COPD HISTORY. PATIENT HAS INCREASE SHORTNESS OF BREATH; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Px is a tobacco user-Z72.0.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Radiologist recommended a 6 month follow up CT of Chest for a 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	REFERENCE:  8/10/2016  FINDINGS: Frontal and lateral radiographs of the chest were obtained. Cardiac silhouette is stable in size. Left lower lobe calcified granuloma is noted. There is improved aeration of both the right and left lungs, with possi; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	repeat CT Scan of lung due to 7mm nodule in right lower 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Right supraclavicular lymphadenopathy. Unknown renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	right upper lobe nodule. acute bronchitis. right rib tenderness. fall injury 11/8/16 , right sided 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Sarcoma. Work up for cancer diagnosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	see scanned info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Headache with jaw pain (non dental); Chest Pain with negative cardiac cath; Chest Pain- Nitroglycerin, cardiac cath r/o cardiac nature; Headaches - OTC medications	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Shortness of breath, cough, failed antibiotic treatment x 3 weeks.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Significate coughing with yellow to brown sputum occasionally with blood. Cavitory Lung Disease and Lung Nodules, Rt Thoracoscopy, minithoracotomy, adhesiolysis Biopsy RUL and RLL; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Stable pulmonary nodule, routine follow up to make sure that it doesn't enlarge or turn; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The patient is having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	TESTS ORDERED ON BEHALF OF SPECIALIST DUE TO RECENT ABDNORMAL LABS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The doctor ordered a ct of chest/thorax without dye; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The last chest CT was performed more than 6 months ago.; There is no radiologic evidence of non-resolving pneumonia.; The patient is NOT presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	6

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; x-ray showed closed rib fracture, Pain,; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
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General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient had a child land on his chest about a month ago. he felt it pop and has pain ever since. X-ray is not showing any abnormality but due to continued pain would like to get CT to evaluate chest.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
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General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Procedure: Chest radiograph Indication: Sternal/Rib pain, history of motor vehicle accident, pain in middle of chest Comparison: None Findings: Single frontal view of the chest was performed on one cassette. The cardiac silhouette is normal. Lungs are; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
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General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; PT HAD RECENT TRAUMA TO RIBS, CXR DONE AND RADIOLOGIST NOTED THAT QUESTIONABLE NODULE VERSUS OSTEOPHYTE IN R UPPER LOBE SEEN BEST ON LAT VIEW RECOMMEND CT CHEST; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is 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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

1

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

2

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; atelectasis; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

1

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; COPD and shortness of breath symptoms , history of tobacco abuse , possible cancer; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

1

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Linear densities and small non calcified lung nodule in left lung base; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

1

General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient is a known smoker who presents with productive cough and fever. xray performed shows pleural effusion requiring further evaluation with CT.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pneumonia of right upper lobe due to infectious organism; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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General/Family Practice Approval 71250 CT CHEST, THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has been having symptoms of chest pain with numbness that radiates to the left arm to the left neck which stated 5 days ago with pain worse with deep breathing. Pt has a history of prior chest discomfort similar to the symptoms stated above. Cardiac ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.

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General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of mediastinal widening.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The caller doesn't know if the ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	17
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	This is a follow up due to 2 masses found on previous CT of Chest 6 months ago. Patient has history of pulmonary nodules.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	This is a follow-up to a previous Chest CT that showed a 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This is follow up to document stability of known right lower lobe nodules, last Chest xray 4/2016; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	this is for 3 month follow up as recommended by radiologist due to abnormal findings on last CT chest; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This patient has a history of thyroid and colon cancer.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Ultra sound indicates needs further eval for liver mass and reoccurring Pulmonary embolism with symptoms of shortness of breath; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4

General/Family Practice	Approval	71250 CT CHEST, THORAX	UNKNOWN; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	UPLOADED; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	X ray was taken on 05/17/2016 and found nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Evaluate bronchitis; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Suspected mass or nodule; 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
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	45

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/15/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Motor vehicle accident with worsening cervical pain and decreased range of motion. Worsening headache; The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, &#xOD; Bowel or bladder dysfunction, Evidence of new foot drop, etc...	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	3
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	3
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; unknown; There has not been any treatment or conservative therapy.; pain in the spine	1

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/15/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; BACK PAIN, SCOLIOSIS; NSAIDS, PT	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Recent MRI findings by radiologist report increase T2 signal consistent with marrow edema in the L1 spinous process and at T12 along the right pedicle. This could represent postraumatic injury or fracture. This could be evaluated with CT scanning. At L; 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.	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	repeat CT thoracic and lumbar spine to reassess fracture; This study is being ordered for trauma or injury.; 11/10/2016; There has been treatment or conservative therapy.; mid back and lower back pain; ASPEN brace and po pain medication hydrocodone 5/325 PRN for pain	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Severe pain; abnormal x-rays; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	2
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; unknown; There has not been any treatment or conservative therapy.; pain in the spine	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; BACK PAIN, SCOLIOSIS; NSAIDS, PT	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	5
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	25

General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	3
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	4
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	35
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		4

General/Family Practice Approval 72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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.;

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General/Family Practice Approval 72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/01/2016; There has been treatment or conservative therapy.; Pt suffers with neck pain with radiating down left arm, decrease strength, radiculopathy and lower back pain.; Chiropractic, H Exercise and medication.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6months prior; There has been treatment or conservative therapy.; back pain and neck pain, no improvement with medications. chronic neuritis; medications, pain management	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; Pain; Failed PT, Inseeds	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; one week from monday; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Brain MRI performed results normal.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pain, numbness and tingling; PT, medication	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/29/2016; There has been treatment or conservative therapy.; Cervical pain that radiates to shoulder, numbness and tingling of feet; Chiropractic therapy, home exercises	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2016; There has been treatment or conservative therapy.; sharp electric pain in neck and mid back into upper extremity and shoulder blades; NSAIDS PT and home exercises</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; WEAKNESS in her legs, HA, balance problems , difficulty walking , woke up and couldn't mover her legs for over an hour , sharp shooting pain at the base of her neck , syncope episodes; Physical therapy</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;</p>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/15; It is not known if there has been any treatment or conservative therapy.; decreased ROM to spine	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2016; There has been treatment or conservative therapy.; Pain.; Home exercises, ibuprofen.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Several years ago PT was in a motor cycle accident.; There has been treatment or conservative therapy.; Neck pain going to the PT left shoulder and left home. Pain is bad. PT can't lay on left side long. Low back going to the hip. Worst with walking.; Home Exercises , medications, PT & OT.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Limited ROM, shooting sharp pain down both arms and back, tingling and numbness in both arms	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; NECK/THYROID: DEGENERATIVE OSTEOARTHRITIC changes which include loss of the normal lordotic curvature of the neck, bilateral muscle spasms and tenderness to palpation, and limited range of motion in extension, flexion and rotation though most pronounced i; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 12/29/16; It is not known if there has been any treatment or conservative therapy.; pt is having right arm weakness, partial paralysis in wrist. poor extension no known injury. needs MRI cervical to assess for nerve impingement and MRI brain to assess for metastatic disease causing this new sudden neurologic deficit.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the provider is wanint updated testing on the pt; There has been treatment or conservative therapy.; back pain; medications and therapy	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Abnormal MRI 04/2016; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Neurontin cyclobenzaprine	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Arnold-Chiari syndrome without spina bifida or hydrocephalus; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Difficulty walking, talking, swallowing, pressure in head. Numbness tingling in legs; Xray, CT's, Medications. ongoing for years,	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	BEEN SEEING CHIROPRACTOR CLOSE TO 30 DAYS NO BETTER. CHIROPRACTOR HAS ASKED FOR THE ADVANCED IMAGING.; This study is being ordered for trauma or injury.; 10/31/16; There has been treatment or conservative therapy.; PAIN TO NECK AND BACK TINGLING IN EXTREMITIES. DECREASED ROM; MEDS, CHIROPRACTOR, HOME EXERCISES	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FURTHER EVALUATION FOR POSSIBLE FRACTURE,WORSENING PAIN,MED:ALEVE,IBUPROFEN,MELOXICAM HAVE TRIED,NOT HELPING; 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.; PAIN IN POSTERIOR NECK WITH REPORTED NUMBNESS OF ALL DIGITS.STRENGTH IS NORMAL IN HANDS.DECREASED MOBILITY,JOINT PAIN,WEAKNESS.2. Neck pain  The severity of the problem is incapacitating. The problem has worsened. The frequency of pain is constant. ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	hand numbness and weakness, dizziness, vision defects; This study is being ordered for a neurological disorder.; 8 weeks ago; There has been treatment or conservative therapy.; extremem fatigue, parathesia, low back pain to left leg; exercises, nsaid	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Has had radicular pain for years; This study is being ordered for a neurological disorder.; 09/08/2016; There has been treatment or conservative therapy.; cervical-radculopathy of LUE lumbar- neuropathic pain of LLE; Anti-inflammatory and exercises	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	hx spine bifida occulta; injury; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain w/sacida; pain l arm w/numbness; pain down l leg w/numbness and weakness; muscle relaxer; anti inflammatory	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1

General/Family Practice Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; chronic neck pain

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General/Family Practice Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>

1

General/Family Practice Approval 72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Patient complains of neck pain. The pain is characterized as severe, constant, stabbing, and throbbing. Initial onset was one month ago. The precipitating event seems to have been injury from 20 yrs ago. Associated symptoms include headache, neck stif

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It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Medication therapy has not solved problem. X rays were inconclusive.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Chronic pain centralized in neck and Left shoulder.; Steroid, Muscle Relaxer, Narcotic Analgesic	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neck pain. History of neck fusion with failed hardware. Needs to be seen by a neurosurgeon to repair but needs recent MRI of C spine since it has been years.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain radiates down in to right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	New patient here to establish with longstanding history of degenerative disc disease cervical to lumbar. Patient is in wheelchair and can only ambulate short distances without assistance. Patient requesting evaluation with pain management physician for ne; This study is being ordered for a neurological disorder.; Date of onset unknown, new patient, previous records unavailable. Patient is in a wheelchair, can only ambulate short distances without assistance.; It is not known if there has been any treatment or conservative therapy.; Pain, weakness, numbness and tingling.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	no info given; This study is being ordered for a neurological disorder.; 12/08/2015 was 1st visit for back pain - 11/28/16 pt stated that 2 months ago she started having paresthesia in right shoulder down to fingers and BLE; There has been treatment or conservative therapy.; MUSCULOSKELETAL: gait: slowed, stooped, and unsteady; range of motion: decreased ROM in the back; pain with back lateral flexion;Ms. Jinks presents with paresthesia.. It began 2 months ago. There are no obvious aggravating factors. Nothing relieves th; pt has been on tramadol and cymbalta since 12/08/2015; Gabapentin since 03/29/2016; Cyclobenzaprine since 03/02/2016; Meloxicam given since 11/24/2015	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-6-2016; There has been treatment or conservative therapy.; Chronic cervical and lumbar pain, radiating into the right leg and into the foot; Patient stated PT 10-13-206, muscle relaxer, pain meds, but failed and nsaid	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pain is not being managed with the current therapy being given.; This study is being ordered for a neurological disorder.; 1/21/2016; There has been treatment or conservative therapy.; Numbness and weakness, pain radiating to bilateral lower extremities, and radicular pain.; Medication therapy, exercise management, and injection therapy.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient fell physical therapy and chiropractic care, had plain films of the cervical spine, straighten with djd and surgical spine with radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decrease strength in right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient had MRI without contrast which was abnormal. Radiologist recommends MRI repeat with contrast to further evaluate abnormalities; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Severe upper arm & right wrist weakness. Difficulty turning neck. Unable to lift right arm above head; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has increase in severity of symptoms.; This study is being ordered for a neurological disorder.; We first saw this patient 11/12/15. He came to us already with hx of this problem for a few years.; There has been treatment or conservative therapy.; pain in the cervical spine with bilateral arm weakness. Low back pain with lower limb paresthesia; ESI Therapy, Pain medication,	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient returned to the clinic complaining of worsening pain symptoms after participating in Physical Therapy. States he received no benefit from Chiropractic Therapy either. Tingling of both feet, a burning sensation in both legs and feet, and numbness o; This study is being ordered for a neurological disorder.; 09/29/2002; There has been treatment or conservative therapy.; Tingling of both feet, a burning sensation in both legs and feet, and numbness of both calves. Neck pain in trapezius. Lower back pain midline is worse with movement, radiating to the legs posteriorly to both feet, and chronic duration. The cervical and l; Physical Therapy-which worsened symptoms. Chiropractic Therapy-which didn't help.	1
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General/Family Practice Approval 72141 MRI CERVICAL SPINE OR NECK
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patient was also seen at WICC in 06/2016 prior to appt with us on 06/02/16 and given a toradon injection, baclofen 10 mg and naprosyn 375mfg # 6   pt continues to have pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Baclofen 20 mg 1 tab tid or qid - started 01/07/2016  Tramadol 50mg 1 tab bid - started 01/7/2016

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Persistent radicular symptoms since last year. The distribution of symptoms can be explained by cervical spine lesion. Consider also a neuromuscular disorder. tenderness (C4. C5 and T2. Patient is here today after a year since I last saw him. He is havi; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Reflexes: diminished (AJ and UE reflexes) and DTRs 1+ (knee jerks).

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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Positive Lhermitte's sign.; This study is being ordered for a neurological disorder.; about a year ago; There has been treatment or conservative therapy.; buttock pain, back pain, lower extremity pain, numbness, parasthesias.; physical therapy and chiropractic manipulation	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has failed 6 weeks home exercise program and 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt with known glioblastoma, s/p craniotomy and chemo c/o persistent and worsening back pain middle and lower back pain is described as intense and sharp with spasms aggravated by bending, sitting, twisting and standing pt has numbness and tingling; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	see notes.; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Severe right hand numbness. Can't pick up anything with right hand; This study is being ordered for trauma or injury.; 12/18/2016; There has been treatment or conservative therapy.; Shoulder and cervical pain. had a fall; At home exercises. Applied heat, muscle relaxers	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Symptoms have been ongoing since January 2016 but have recently worsened. Patient has difficulty turning head or holding anything in right arm due to decreased strength.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Consistent weakness in right arm only.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tender and tight on exam. Numbness in fingers and hand. History of multi level DDD. Left paracentrel protrusion foraminal narrowing. Left stenosis. Ucinatc spurring. Spasm on palpation. June 2016 neck pop started concern.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Shoulder (left extremity) weakness, hand and arm weakness. Neck weakness. Left shoulder showing impingement.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	3

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	4
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	6
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	32
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	14
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The Pt ahs weakness in hands. Pt has increwsing pain, sharp pain down neck. Pt has swelling in hands and legs. Daily activity compromised.; 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.; The Pt ahs trouble gripping in bilateral hands.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis; ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	3

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	4
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	220
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis;<Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis; numbness in left arm and leg, head pressure, decreased mobility on right side	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	87
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; None of the above; Patient has recently been having new and recurring headaches. She has CT Head and MRI Head which showed chiari malformation with MRI Cervical Spine for further evaluation.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; None of the above; Patient presented with a Chiari I malformation, also syrinx noted on brain MRI that needs to be evaluated with cervical MRI; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.</p>	4
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	5
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	5
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	46
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	15
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; <Enter Additional Clinical Information>	2

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; N/A	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; PATIENT IS HAVING SEVERE NECK PAIN	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has been having PT for 4 weeks with no improvement, Pt is having numbness	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt. had an abnormal nerve conduction study. Nerve conduction study revealed isolated ulnar N compromise@ wrist or left elbow. Brachial plexus arcon loss procession	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; <Enter Additional Clinical Information>	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; FURTHER EVALUATION,POSSIBLE NECK FRACTURE  Duration of Symptoms: Start: 10/01/2016   Physical Exam Findings: unable to move neck and head is tilted-severe DDD  Preliminary Procedures X-rays  Already Completed: Procedure Date: 12/16/2016;	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; Patient has brisk reflexes on exam, decline in fine motor skills. Wanting to rule out compressive lesion.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; Patient has had a long history of chronic back pain with a previous history of a hemangioma the thoracic spine. She's had some odd paresthesias and strange sensations for which we originally ordered an MRI of her brain cervix thoracic and lumbar spine to ; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or "discitis".; No, there is no laboratory or x-ray evidence of a paraspinal abscess.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.; yes, there is a documented evidence of extremity weakness on physical examination.	3

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; It is not known if the patient have new or changing neurological signs or symptoms.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Patient comes in today approximately one-month post motor vehicle accident. She still having neck and upper back pain. Having headaches a started posterior occipital area radiating anteriorly. This pain seems to be getting worse. It's a New with flushing ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Patient pertinent for blastomycosis &#xOD; Patient to be evaluated for head trauma, NOS. The location of discomfort is posterior. The pain is characterized as moderate in intensity and constant. The precipitating event seems to have been a fall. ER visit y; No, the patient does not have new or changing neurological signs or symptoms.	1
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General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; unknown; No, the patient does not have new or changing neurological signs or symptoms.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	11
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	To evaluate chronic headaches not improving. Chronic neck pain and tremors are not improving as well.; This study is being ordered for Inflammatory/ Infectious Disease.; 1/6/2016; There has been treatment or conservative therapy.; Headache, neck pain, low back pain, and sacroiliitis.; Medication for 1 year	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has upper extremity weakness and pain radiates down causing numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Extremity weakness, paresthesia; Physical therapy, medication treatment	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain stiffness sciatica; otc nsaid- prescription nsaid physical therapy	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	URGE INCONTINENCE, PARESTHESIAS, SUSPECT NEUROLOGICAL LESION.PATIENT HAS NEW ONSET STUMBLING.; This study is being ordered for a neurological disorder.; 09/19/2016; There has not been any treatment or conservative therapy.; URINARY INCONTINENCE; DYSESTHESIAS; PARESTHESIAS; RADICULOPATHY OF RIGHT ARM AND BOTH LEGS; NOTED WEAKNESS OF BILATERAL HIP FLEXERS, BILATERAL KNEE FLEXERS, AND DORSI FLEX ANKLES	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	xray shows degenerative disc disease , anti-inflammatories, muscle relaxants not resolving pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		3
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal findings on diagnostic imaging of other parts of musculoskeletal system	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Compression fracture	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; pain radiating to Pt rib cage	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; T7 compression fracture deformity	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 >;	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 MONTHS; There has been treatment or conservative therapy.; UPPER BACK PAIN , IN RIGHT ARM WITH NUMBNESS AND TINGLING , CANT GRASP THING S; PT	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6months prior; There has been treatment or conservative therapy.; back pain and neck pain, no improvement with medications. chronic neuritis; medications, pain management	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/01/2016; There has been treatment or conservative therapy.; sharp electric pain in neck and mid back into upper extremity and shoulder blades; NSAIDS PT and home exercises	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; WEAKNESS in her legs, HA, balance problems , difficulty walking , woke up and couldn't mover her legs for over an hour , sharp shooting pain at the base of her neck , syncope episodes; Physical therapy	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/16; There has been treatment or conservative therapy.; Pain going down the left leg.; PT	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/15; It is not known if there has been any treatment or conservative therapy.; decreased ROM to spine	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/22/2016; There has not been any treatment or conservative therapy.; pain in upper back , tingling in the left thigh, pain is worse when standing , worse over the past 4 months	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAS DOCUMENTED DECREASED ROM; SHARP PAIN RADIATES DOWN LEFT LEG; LOW BACK TENDERNESS 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 recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 08/29/2016; There has been treatment or conservative therapy.; Tingling & numbness in arms & legs with pain that radiates down both legs.; Patient has tried and failed, heat, ice, anti-inflammatories, steroid injections, Neurontin,& medication to control pain all without success.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Arnold-Chiari syndrome without spina bifida or hydrocephalus; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Difficulty walking, talking, swallowing, pressure in head. Numbness tingling in legs; Xray, CT's, Medications. ongoing for years,	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.;	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	2
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; None.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	muscle spasm, unstable gait when standing or walking, positive leg raise, no tenderness; This study is being ordered for trauma or injury.; 9/18/2016; There has been treatment or conservative therapy.; sharp pain middle of back and lower back, not relieved with chiropractor or ibuprofen, states pain >10; Ibuprofen, Pt saw Chiropractor	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	New patient here to establish with longstanding history of degenerative disc disease cervical to lumbar. Patient is in wheelchair and can only ambulate short distances without assistance. Patient requesting evaluation with pain management physician for ne; This study is being ordered for a neurological disorder.; Date of onset unknown, new patient, previous records unavailable. Patient is in a wheelchair, can only ambulate short distances without assistance.; It is not known if there has been any treatment or conservative therapy.; Pain, weakness, numbness and tingling.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	osteo arthritis!! , x ray history of cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; feb 2016; There has been treatment or conservative therapy.; radiating pain ;; pt and medications	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient already had a MRI no contrast 10/7/16. Showed bilateral iliac lesions. Pre and Post G Gad is needed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient is a surgical candidate. She has failed home Physical Therapy, ESIs, neurotomy, and oral medication treatment.; This study is being ordered for a neurological disorder.; 09/2008.; There has been treatment or conservative therapy.; Numbness and tingling of both legs and buttocks. Burning sensation in both legs and feet. Right mid back pain, on the left, worsens with bending. Lower back pain radiates to the legs. Back pain is chronic duration. Thoracic and lumbar spine exhibited mode; Completed prescribed home exercises for the last 3 months-with no improvement, epidural steroid injections-with no improvement, neurotomy-with no improvement, and prescribed oral medications-with minimal benefit.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Positive Lhermitte's sign.; This study is being ordered for a neurological disorder.; about a year ago; There has been treatment or conservative therapy.; buttock pain, back pain, lower extremity pain, numbness, parasthesias.; physical therapy and chiropractic manipulation	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	see attached notes; 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 NOT had back pain for over 4 weeks.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	See Primary Symptoms.; This study is being ordered for trauma or injury.; 11/18/2016; There has been treatment or conservative therapy.; Patient is having back/neck pain. Had an accident on 11/18/2016. She was diagnosed with a Compression Fx of T10. Had an abnormal contrast of the thoracic spine on 11/21/2016. Shows Approximately 20 degrees levoscoliosis of the thoracic spine from T3 thru; Patient takes Gabapentin and has tried cyclobenzapr. NSAIDS	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; The patient is experiencing or presenting symptoms of abnormal gait.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; fax; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; MVA with compression fx 15yrs ago. Patient did pain management and physical therapy at time of injury with benefit. patient states pain has started again and is not relieved by medications.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; radiates to the right upper extremity and right lower extremity, a plain xray that was done on 9/26/16 did show that Pt has leftward sciatic curve and degenerative changes, pain selection is extension is painful; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	4
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General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	6

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	5
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.;	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; Xray in office to show Wedge compression Fx of Twelfth Thoracic Vertebra	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	26
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to pre-operative evaluation.;	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The caller indicated that there is not x-ray or laboratory evidence of: Osteomyelitis, Meningitis, Septic Arthritis or discitis, or a paraspinal abscess."; The study is being ordered due to known or suspected infection or abscess.; Upper back pain noted. Her symptoms are unchanged since last visit. The discomfort is most prominent in the upper thoracic spine. This radiates to the Radiates in center of back. She characterizes it as intermittent, moderate in intensity, sharp, and	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; Patient was involved in a motor vehicle accident. X-Rays in office is abnormal showing Possibly acute mild anterior-superior compression fracture of T10. Radiologist suggest an MRI.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.;	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	2

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Crepitus, Tenderness, Effusion: mass noted in the lower right thoracic area just lateral to thoracic spine	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Thoracic spine: severe spasms and pain to thoracic spine and especially on right side and extending to right flank has extreme tenderness, some dec sensation along his back there, not able to twist at all; Has severe mid to low back pain so will send; 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
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; year and a half; There has been treatment or conservative therapy.; pain and numbness going down left leg; PT	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; may or june 2016; There has been treatment or conservative therapy.; severe pain hasn't gotten better, limping, hip pain radiating to neck. No hobbies. Hx of kidney and renal problems. Bolts nuts and screws in left ankle.; pain meds and ice	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Extremity weakness, paresthesia; Physical therapy, medication treatment	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain stiffness sciatica; otc nsaids- prescription nsaids physical therapy	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	URGE INCONTINENCE, PARESTHESIAS, SUSPECT NEUROLOGICAL LESION.PATIENT HAS NEW ONSET STUMBLING.; This study is being ordered for a neurological disorder.; 09/19/2016; There has not been any treatment or conservative therapy.; URINARY INCONTINENCE; DYSESTHESIAS; PARESTHESIAS; RADICULOPATHY OF RIGHT ARM AND BOTH LEGS; NOTED WEAKNESS OF BILATERAL HIP FLEXERS, BILATERAL KNEE FLEXERS, AND DORSI FLEX ANKLES	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		18
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above; This procedure is being requested for None of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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.; &lt;Document exam findings&gt;</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg weakness, falling when walking d/t left leg giving out w/o warning, pt has sciatica 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.; It is not known if there is x-ray evidence of a lumbar recent fracture.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt doesn't have ability to lift or move legs, & pin prick test the feeling was not as it should be.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; trouble 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.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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 PROGRESS AND WAS REFERED FOR PHYSICAL THEARPY 6TO 8 WEEKS	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	11

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/01/2016; There has been treatment or conservative therapy.; Pt suffers with neck pain with radiating down left arm, decrease strength, radiculopathy and lower back pain.; Chiropractic, H Exercise and medication.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 months; There has been treatment or conservative therapy.; low back pain radiates to R hip to thigh past knee- R hip Pops -Positive leg raise R sides- R lower extremity weakness-; inflammatory therapy- Chiropractic, home exercise	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pain, numbness and tingling; PT, medication	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/29/2016; There has been treatment or conservative therapy.; Cervical pain that radiates to shoulder, numbness and tingling of feet; Chiropractic therapy, home exercises	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2015; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/16; There has been treatment or conservative therapy.; Pain going down the left leg.; PT	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; mbr has pain in lower pain and upper pain in back; mbr has had medication	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2years prior; There has been treatment or conservative therapy.; Pain in lower back left hip in the buttocks, weakness in hip, numbness and tingling in the left leg; physical therapy, pain management, steroids, with no relief	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2016; There has been treatment or conservative therapy.; Limited range of motion. Pain goes from the hip to the PT leg.; PT and medications.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/21/15; It is not known if there has been any treatment or conservative therapy.; decreased ROM to spine	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/22/2016; There has not been any treatment or conservative therapy.; pain in upper back , tingling in the left thigh, pain is worse when standing , worse over the past 4 months	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2016; There has been treatment or conservative therapy.; Pain.; Home exercises, ibuprofen.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10-4-16; There has not been any treatment or conservative therapy.; pain in left hip and shoulder, limited range of motion	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11-29-16; There has been treatment or conservative therapy.; cervicalgia, low back pain; chiropractor, steroids	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Back hurts down into the legs. Having problems with both arms. Patient was in therapy but it made symptoms worse.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness, tingling, limb weakness, difficulty walking and pain in rt pyriformis and along 15 rt and marked weakness rt knee extension and unable to stand on rt heal or toes. getting worse over many years and began after childbirth.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weak in lower extremity particularly on left side, Numbness and tingling in left extremity also. Also stabbing pain in the back and decreased mobility.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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.; Percocet&#x0D; Ibuprofen&#x0D; lorazepam</p>	1
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above</p>	1
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 08/29/2016; There has been treatment or conservative therapy.; Tingling & numbness in arms & legs with pain that radiates down both legs.; Patient has tried and failed, heat, ice, anti-inflammatories, steroid injections, Neurontin,& medication to control pain all without success.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/14/2014; There has been treatment or conservative therapy.; Low back and buttock pain that radiates around the pelvis. At the end of the workday her legs feel very sore and heavy. She works as a custodian and this has been difficult related to back and leg pain. Pain radiates down her legs. If she sits with her le; PT HAS UNDERGONE PHYSICAL THERAPY, NSAIDS, AND HOME EXERCISE AND STRETCHING ROUTINES WITHOUT RELIEF	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2016; There has been treatment or conservative therapy.; Extreme parasthesia and gait changes; Patient had 5 weeks of physical therapy. NSAID's, muscle relaxants, and steroids.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lower back pain 9/27/16; shoulder pain 11/26/16; There has been treatment or conservative therapy.; patient has pain when reaching above shoulder or behind bac. Pt's low back pain has worsened and is now having R hip and radiating pain into R buttock and down into lateral R LE. Pain is burning and stinging. Worse with standing.; pt has tried steroids and Ibuprofen 600 mgs BID. Pt also has been seeing a chiropractor.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 07/06/2015; There has been treatment or conservative therapy.; pain; PT and medication	1

General/Family Practice

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

1. Follow Up of Leg injury  The symptoms began 3 months ago. saw dr. powell initially thought it was a calf strain. did PT and it did not help. PT thinks it may be more of a radiculopathy coming from his lower back. He recommends an MRI- pt will f/; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

1

General/Family Practice

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

42 year old female with history of progressively worsening bilateral neuropathy of her feet presents following appointment with neurology. Testing by neurologist indicated possible impingement related neuropathy, the patient states that he said it was lo; 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.; Diclofenac Gabapentin Tylenol-Codeine

1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	6 months ago back surgery with a herniated disc. standing makes his legs worse, nothing makes it better.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ABDOMINAL AND CHEST PAIN. LEFT LEG PAIN AS WELL AS WEAKNESS. INTERMITTENT.; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; Weakness in left legs, goes out randomly then comes back, weight loss, 10/2016 was 230lbs and 207lbs as of 12/19/2016, and constipation.; PLAIN FILMS, MEDICATION, CARDIAC EVALUATION, MEDS FOR BLOOD PRESSURE CONTROL, ER VISITS(3 DIFFERENT HOSPITALS) DOPPLER ULTRASOUND OF ARTERIES.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Abnormal nerve conduction study showing radiculopathy in both legs and feet, numbness. Pt is taking gabapentin, oxycodone, and meloxicam.; 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, radiculopathy in both legs, paresthesias, lower back tenderness 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

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	alternated ice/heat, aleve, advil, Ibuprofen, inflammatory medication, numbness and tingling in both legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Arnold-Chiari syndrome without spina bifida or hydrocephalus; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Difficulty walking, talking, swallowing, pressure in head. Numbness tingling in legs; Xray, CT's, Medications. ongoing for years,	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain, also left hip pain. starts along the lateral aspect of the hip and radiates down the lateral aspect of the leg to the ankle. Coughing and standing exacerbates the pain. Also pain is worse sitting in position as well.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain, has had rt sided pain down his rt " butt cheek, has had weakness in his left leg, pain in back with decrease strength in left leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	BEEN SEEING CHIROPRACTOR CLOSE TO 30 DAYS NO BETTER. CHIROPRACTOR HAS ASKED FOR THE ADVANCED IMAGING.; This study is being ordered for trauma or injury.; 10/31/16; There has been treatment or conservative therapy.; PAIN TO NECK AND BACK TINGLING IN EXTREMITIES. DECREASED ROM; MEDS, CHIROPRACTOR, HOME EXERCISES	1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Chief Complaints: 1. Discuss ADHD medication; taking Methylphenidate HCl 20mg; states that it does help slow her thoughts down but says it makes her feel "out of it" and makes her have fatigue and no motivation. ; HPI: Back Pain: ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has a history of low back pain. She has been compliant with physical therapy over the last month. She has tried stretching daily, and exercises provided at home by physical therapist. Patient continues to have midline back pain with spasm. ; Medications: Taking Klonopin 0.5 MG Tablet 1 tablet Orally Twice a day prn anxiety, Taking Sertraline HCl 50 MG Tablet 1 ONCE A DAY ORALLY 30 DAY(S) , Taking Mobic 7.5 MG Tablet 1 tablet Orally Once a day, Taking Hydrocodone-Acetaminophen 5-325 MG Tablet

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CHRONIC LOW BACK PAIN, SCIATICA AND LEFT THIGH PAIN, DIFFICULTY WALKING, XRAY SHOWS MODERATE DDD AND VACUUM DISK PHENOMENON AT L5-S1, CONCERN FOR SACROILITIS, HAS TAKEN TRAMADOL AND GABAPENTIN, TRAMADOL MADE HER JITTERY,   FAILED PHYSICAL THERAPY; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	conservative therapy hasn't been helpful.; This study is being ordered for trauma or injury.; 10/18/16; There has been treatment or conservative therapy.; pain radiating from hip to foot. reduced range of motions, limping, weakness, numbness in extremity.; Medrol dose pak, home back exercises, inj of kenalog and todol in office. ibuprofen, tramadol,	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Decreased mobility, joint locking and pain, tenderness, muscle weakness and neck pain. steroid therapy, meds, and failed PT has not helped. Pain radiates down the right leg. numbness and tingling in right side.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Enter answer here - or Type Intalk about nerve conduction results, renew handicap tag/ Pt states that she could not get her Tizanidine refilled and would like to have another prescription for this . HPI: (Musculoskeletal) Patient is; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Dotalk about nerve conduction results, renew handicap tag/ Pt states that she could not get her Tizanidine refilled and would like to have another prescription for this . HPI: (Musculoskeletal) Patient is here to discuss EMG results; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Failed 2 weeks PT degenerative disc at L5/S1 and pain not improving, continuing to have pain radiating into the RLE and some weakness as well; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain radiating into the RLE with some weakness into the RLE also; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Failed conservative therapy... 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.; weakness of the limbs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Further evaluation for 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	hand numbness and weakness, dizziness, vision defects; This study is being ordered for a neurological disorder.; 8 weeks ago; There has been treatment or conservative therapy.; extremem fatigue, parathesia, low back pain to left leg; exercises, nsaid	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Has had chronic back pain for 2 years. Has had steroid injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Has had radicular pain for years; This study is being ordered for a neurological disorder.; 09/08/2016; There has been treatment or conservative therapy.; cervical-radculopathy of LUE lumbar- neuropathic pain of LLE; Anti-inflammatory and exercises	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Has severe low back pain so will send for MRI and send to spine doc bc so severe could not even complete PT as pain getting worse and it is a sharp shooting pain leading to numbness and tingling in leg with some weakness as well &#x0D; has failed NSAIDs and PT; 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.; lumbar spine: sever tenderness at lumbar spine to right paraspinals, some tenderness to right flank as well, POS straight leg raise on the right, strength 5/5 and sensation intact throughout except the right leg of 3/5 with flexion at hip &#x0D; &#x0D; Has severe 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>has tenderness on palpation of site, may need surgery depending on result of MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Headaches and dizziness (Arnold Chiari obstruction) low back pain with weakness, pain down left leg, knee jerk reflexes 2/4 left knee and 0/4 right knee; This study is being ordered for a neurological disorder.; Onset since patient was 13 years old.; There has been treatment or conservative therapy.; Headaches and dizziness. Low back pain with weakness, pain radiating left leg; Home Physical Therapy NSAIDS, muscle relaxers and pain medications. Being followed by a neurosurgeon who recommends this test.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Heberden's nodes (at DIPs); gait: slowed; tone and strength: can heel toe walk; range of motion: decreased ROM with back flexion and extension; pain with back OTHER (enter); Crepitus, Tenderness, Effusion: tenderness noted in the lower lumbar; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	hx spine bifida occulta; injury; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; back pain w/sacida; pain l arm w/numbness; pain down l leg w/numbness and weakness; muscle relaxer; anti inflammatory	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	I have ordered (There is documentation of the patient completing and failing a 4-6 week trial of P.T. and/or NSAIDS.), MRI lumbar spine w/o contrast to be done. IN HOUSE RADIOLOGY: I have ordered a Lumbar Spine x-ray 3V to be done. in 2010 he waas dxd ; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the left posterior thigh and left calf. She characterizes it as moderate in intensity and sharp. This is an acute episode with no prior history of back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain with left lower extremity weakness and limited ambulation; The study requested 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 limited abulation, 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

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain, difficulty walking, decreased strength in rt leg with numbness in rt foot, Gait and Station: wide-based and irregular gait, Thoracolumbar Appearance: pain in back with movemnet; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	LOW BACK PAIN, pain down bilateral legs and minimal strength loss bilateral. irregular gait. limited ambulation. GETTING A REFERRAL TO PAIN MGMT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain, pt attended 1 physical therapy session; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	low back pain, standing and sitting painful.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lower back pain along with pain in hip; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower back pain radiating to lower extremities, no relief from steroids, chiropractic treatment; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Lumbar/lumbosacral spine exhibited abnormalities. Lumbosacral spine pain was elicited by motion. Lumbosacral spine pain was elicited throughout the range of motion. A straight-leg raising test was positive. A straight-leg raising test of the left leg was; The study 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>MRI lumbar 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 change in condition; or a deteriora; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Mrs. Jackson is a 53-year-old lady with an extensive history low back and leg pain. She had surgery in 2015 by Dr. Bruffett for severe bilateral leg pain and low back pain. She had instrumentation and posterior fusion from L2 to the sacrum with interbod; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	muscle spasm, unstable gait when standing or walking, positive leg raise, no tenderness; This study is being ordered for trauma or injury.; 9/18/2016; There has been treatment or conservative therapy.; sharp pain middle of back and lower back, not relieved with chiropractor or ibuprofen, states pain >10; Ibuprofen, Pt saw Chiropractor	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MUSCULOSKELETAL: gait: ataxic and slowed; grossly normal tone and muscle strength; range of motion: decreased ROM with neck forward flexion and extension; pain in the neck with ROM; pain with bilateral shoulder flexion and extension; pain with back flex; The study requested is a Lumbar 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; DTRs decreased in rt patellar reflex and rt achillies reflex. 2/5 left 4/5. Sensation decreased ant 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	neuropathy in both legs, numbness on right side, sharp shooting pains in feet; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	New patient here to establish with longstanding history of degenerative disc disease cervical to lumbar. Patient is in wheelchair and can only ambulate short distances without assistance. Patient requesting evaluation with pain management physician for ne; This study is being ordered for a neurological disorder.; Date of onset unknown, new patient, previous records unavailable. Patient is in a wheelchair, can only ambulate short distances without assistance.; It is not known if there has been any treatment or conservative therapy.; Pain, weakness, numbness and tingling.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	NO AUTH REQ FOR CT 11/15/16...MCR/MPK.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LEFT LOWER EXTREMITY WEAKNESS ON EXAM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice Approval 72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

no info given; This study is being ordered for a neurological disorder.; 12/08/2015 was 1st visit for back pain - 11/28/16 pt stated that 2 months ago she started having paresthesia in right shoulder down to fingers and BLE; There has been treatment or conservative therapy.; MUSCULOSKELETAL: gait: slowed, stooped, and unsteady; range of motion: decreased ROM in the back; pain with back lateral flexion;Ms. Jinks presents with paresthesia.. It began 2 months ago. There are no obvious aggravating factors. Nothing relieves th; pt has been on tramadol and cymbalta since 12/08/2015; Gabapentin since 03/29/2016; Cyclobenzaprine since 03/02/2016; Meloxicam given since 11/24/2015

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General/Family Practice Approval 72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

No; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.;

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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None given.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-6-2016; There has been treatment or conservative therapy.; Chronic cervical and lumbar pain, radiating into the right leg and into the foot; Patient stated PT 10-13-206, muscle relaxer, pain meds, but failed and nsais	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	on straight leg raising test she is 45 degree positive on the left.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	osteo arthritis!! , x ray history of cancer,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; feb 2016; There has been treatment or conservative therapy.; radiating pain ,; pt and medications	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain down to ankle ; can not stand long period of time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg/foot weakness right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain in range of motion of the knee; This study is being ordered for Inflammatory/ Infectious Disease.; 11/7/2016; There has been treatment or conservative therapy.; Pain in the pain; anti-inflammatory, blood work and x-rays	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain is not being managed with the current therapy being given.; This study is being ordered for a neurological disorder.; 1/21/2016; There has been treatment or conservative therapy.; Numbness and weakness, pain radiating to bilateral lower extremities, and radicular pain.; Medication therapy, exercise management, and injection therapy.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>pain worse over last 3 months - CHRICO- home exercise- Muscle relaxer pain worsening; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness leg 2 out of 5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient first presented with back pain 09/14/2016. Patient denies any trauma/injury to area. Patient has since been seen in office on 11/11/2016 and 11/14/2016 for same issue. Patient states she has been seeing chiropractor and pain has only gotten 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.; 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.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>patient had a injury three years ago and had mri that showed abnormalities , numbness in leg have got worse so need to repeat mri; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has a history of chronic lower back pain that has worsened in the last 2 months. He reports that he had a back surgery in 2012 secondary to disc protrusion at Fayetteville. He said he did not completely recover after the back surgery although the ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has a stress fx; This study is 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; There has been treatment or conservative therapy.; lbp radiating down back; aching pain when bending; pain meds	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has been receiving physical therapy and is not helping.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has chronic cervical spine and lumbar spine pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient presents with chronic neck and back pain now causing radicular pain into upper extremities.; There has been treatment or conservative therapy.; chronic neck pain with radiculopathy into upper extremities for the cervical spine mri. chronic low back pain for the lumbar pain mri.; patient has tried robaxin, gabapentin, and diclofenac with no relief.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has had continuous low back pain that has exacerbated since visit 7/27/16 and is now reports being in severe unrelenting pain that radiates down his legs.; 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.; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has history of lumbar fusion in 2014 for chronic back pain and is now having localized tissue swelling over the area of her fusion.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient is a candidate for lumbar epidural steroid injections and right hip injections.; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Patient contacted the clinic complaining of worsening pain symptoms after completing 4 weeks of a home exercise program. Patient has a 7 month history of worsening right low back pain with episodes of numbness in the right foot. She describes a long histo; Chiropractic therapy and a home exercise program.</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a surgical candidate. She has failed home Physical Therapy, ESIs, neurotomy, and oral medication treatment.; This study is being ordered for a neurological disorder.; 09/2008.; There has been treatment or conservative therapy.; Numbness and tingling of both legs and buttocks. Burning sensation in both legs and feet. Right mid back pain, on the left, worsens with bending. Lower back pain radiates to the legs. Back pain is chronic duration. Thoracic and lumbar spine exhibited mode; Completed prescribed home exercises for the last 3 months-with no improvement, epidural steroid injections-with no improvement, neurotomy-with no improvement, and prescribed oral medications-with minimal benefit.	1
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient is having low back pain and is having trouble walking; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The 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
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is still in pain which now radiates into leg with burning sensation in knee. Patient states now that tingling and pain in finger tips. Patient has bilateral leg weakness with abnormal gait. Patient has had no success with prescription 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.; Bilateral leg weakness with abnormal gait.; 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
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient reports acute onset back pain with radiation down the posterior aspect of the left leg that began 5 days ago. She has hyperreflexia in the left patellar DTR. Lumbar spine xray demonstrates disc space narrowing at L5-S1; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient returned to the clinic complaining of worsening pain symptoms after participating in Physical Therapy. States he received no benefit from Chiropractic Therapy either. Tingling of both feet, a burning sensation in both legs and feet, and numbness o; This study is being ordered for a neurological disorder.; 09/29/2002; There has been treatment or conservative therapy.; Tingling of both feet, a burning sensation in both legs and feet, and numbness of both calves. Neck pain in trapezius. Lower back pain midline is worse with movement, radiating to the legs posteriorly to both feet, and chronic duration. The cervical and l; Physical Therapy-which worsened symptoms. Chiropractic Therapy-which didn't help.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient states he fell from ladder 11/5/2016 and hit a rock. Patient is having pain in ribs and along back and head. Patient states he is having a lot of difficulty standing from chairs. Patient was given toradol injection and tylenol #3 prescription. Pa; 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.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>patient was involved in a MVA and is having lower back pain since the incident and wants to have this exam done for precaution; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has completed 6 weeks of physical therapy and anti inflammatory medication. Pain is still present and patient has request referral to pain management. The Pain management specialist will not see her without an MRI; The study requested 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 per patient report; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has degenerative disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has had lower back pain and radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

pt with known glioblastoma, s/p craniotomy and chemo c/o persistent and worsening back pain middle and lower back pain is described as intense and sharp with spasms aggravated by bending, sitting, twisting and standing pt has numbness and tingling; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.

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General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Pt. complaining of ongoing lower back pain with no relief from steroids, muscle relaxers, or vicodin. Pt. does have a history of HNP. Pain has radiated down to right lower extremity.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

1

General/Family Practice

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Pt. has had ongoing back pain. It has not spread to the LLE. Within the last week the pt. has become incontinent of urine and an increase in urinary frequency.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt. is not better. Symptoms have become worse and now it has lead to the patient having urinary incontinence.

1

General/Family Practice Approval 72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Pt. is here for follow-up of low back pain and his pain is controlled. He is in PT for his low back. He continues to have pain affecting his sleep. He does not want to take pain medications due to history of substance abuse. No new complaints. Pt. has been; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

1

General/Family Practice Approval 72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Radiculopathy, lumbar region (M54.16), Symptomatic.; Further diagnostic evaluations ordered today include(s) MRI L-SPINE W/O CONTRAST to be performed.; The study requested 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 low back pain for the last several months intermittently. States pain is stabbing and radiates into right buttock.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

She had PT w/ 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.; Tingling in back down her legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

1

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

SLR is positive on the R and she complains of pain radiating below the knee, DTR is absent in the R patella; Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact. Sensory - Normal. DTRs - Normal.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Duration of Symptoms: Start: 09/06/2016; Physical Exam Findings: SLR is positive on her right side, pain radiates to below her knee. DTR is absent in the right patella. ; Pt has failed chiro and PT for one yr; NSAIDS no longer work for pt; Acute right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	tenderness (midline lower lumbar spine); negative SLR bilateral.   Initial Office Visit, New Patient, Low back pain, Pt. has completed physical theapy with 6 visits completed, Dr. Kurkendall, Clarksville, told pt. he needed MRI and referral to pain man; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The Pt has facet degenerative changes. Pt ahsd abnormal x-ray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if 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.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	16
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	5
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	7
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.	2

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	21
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has completed 6 weeks or more of Chiropractic care.; ultram cyclobenzaprine gabapentin naproxen	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; 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

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; 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?	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	14
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	549
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	9
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	178
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	12
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	392

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	8
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has Neurological deficit(s)	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s); The patient has Neurological deficit(s)	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Tingling down both legs, Pt has HX of cancer, limited ROM due to pain, surrounding tissue is spasm, moderate tenderness along spinal column. Gait is slow, cautious and stiff.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	To evaluate degenerative disk changes.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; year and a half; There has been treatment or conservative therapy.; pain and numbness going down left leg; PT	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness in his legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 weakness in legs and back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Sciatica nerve pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; may or june 2016; There has been treatment or conservative therapy.; severe pain hasn't gotten better, limping, hip pain radiating to neck. No hobbies. Hx of kidney and renal problems. Bolts nuts and screws in left ankle.; pain meds and ice	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Extremity weakness, paresthesia; Physical therapy, medication treatment	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; low back pain stiffness sciatica; otc nsais- prescription nsais physical therapy	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	URGE INCONTINENCE, PARESTHESIAS, SUSPECT NEUROLOGICAL LESION.PATIENT HAS NEW ONSET STUMBLING.; This study is being ordered for a neurological disorder.; 09/19/2016; There has not been any treatment or conservative therapy.; URINARY INCONTINENCE DYSESTHESISAS PARESTHESIAS RADICULOPATHY OF RIGHT ARM AND BOTH LEGS NOTED WEAKNESS OF BILATERAL HIP FLEXERS, BILATERAL KNEE FLEXERS, AND DORSI FLEX ANKLES	1
General/Family Practice	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	This is a request for a pelvis CT angiography.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered as a follow-up to trauma.; It is not known if there is laboratory or physical evidence of a pelvic bleed.; It is not known if there are physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.</p>	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.</p>	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.</p>	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	2
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered because of a suspicious mass/tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	abdominal pain, diarrhea vomiting, foul smelling urine.; 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.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Acute abd pain low left abd; 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.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	having some pelvic pains again and was told needed a repeat CT scan for enlarged nodes in pelvis a few months ago, will get repeat scan.   getting pelvic pain back and insurance would not approve his repeat CT to check his lymphadenopathy out again he o; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	hernia confirmed; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	iliac vein compression syndrome; This study is being ordered due to known or suspected vascular disease.; It is not known if the ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	MRI shows mass in pelvic area; 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.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	none; 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.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	On palpation against the prostate, this is quite tender and uncomfortable, possible abcess, patient has a fever; 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.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	PALPABLE MASS IN LEFT GROIN, UNILATERAL INGUINAL HERNIA; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has been having right hip pain, right side lumbago pain, and rectal discomfort. Patient has been having some abdominal pain and feels like there is something "there" when he goes to have a bowel movement.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
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General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has colon cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has had CT of abdomen that showed excessive fluid that looks to be extending into pelvis. Radiologist recommends view of pelvis to better diagnose patient symptoms.; 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.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient presents with 2 x 3 cm firm, intramuscular mass, superolateral aspect on right glute. Skin is discolored, brownish in that area. It has been present for several months. No known injury.; 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.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Patient with leukocytosis, coccyx pain and abnormal coccyx x-ray. CT to rule out infectious cyst or disease process.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.</p>	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>persistent groin pain ,possible hernia. urinary freq and nocturia; 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.</p>	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>pt came in for pain around femur area, xray shows mass or cystic lesion on the sacrum, need CT for further evaluation; 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.</p>	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt has had pelvic pressure and pain for 2wks with a mass developing in left groin area that is painful. Left leg with 1+ pitting edema; 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.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Pt is in severe pain in her pelvic area from a fall; This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	pt. has mass right lower back and complains of pain that radiates down right leg and pain.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Right groin pain and mass, and hx of inguinal hernia repair.; 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.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	The patient has had a Pelvic US complete with abnormal results stating an enlarged uterus and possible uterine fibroid.; 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.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	The symptoms are reported as being moderate. The symptoms occur daily. The location is left hip. While receiving PT for lower back pain. Physical therapist notice "his left hip was popping out of place". PT gave patient an exercise to pop hip back into ; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	This patient is needing additional imaging because the X-Rays were unremarkable. Also, so we can form a more successful treatment plan for this patient, other than medication and at home treatment. Patient very well may be needing to be referred to an o; This study is being ordered for trauma or injury.; 11-30-16; There has been treatment or conservative therapy.; Lower back pain, Leg pain, numbness in leg, pelvic pain.; At Home Exercise, Pain medication.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered due to known or suspected infection.; It is not known if 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.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Urinary bladder sling complications.; 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.	1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2002; There has not been any treatment or conservative therapy.; Pelvic pain abdominal pain bilateral groin pain	1

General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/4/16; There has been treatment or conservative therapy.; abnormal finding on ct; physical therapy and medicine	1
General/Family Practice	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Approval	72196 MRI PELVIS	Continues to have hip pain-her gabapentin was increased and diclofenac added-she did receive good pain relief on right but her left hip is still very troublesome- it causes her pain at HS-it awakens her at night and she is not able to lay on her left sid; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	Description Coccyx pain (M53.3). very tender coccyx but normal exam. No masses felt. Regular xray was ok but she is terrified of cancer of that area. She had an abnormal cologuard test and is set up for a colonoscopy later this month. GET MRI.  P; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

General/Family Practice	Approval	72196 MRI PELVIS	Findings; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	72196 MRI PELVIS	has a hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; feelins like she has been kicked by a horse; surgery	1
General/Family Practice	Approval	72196 MRI PELVIS	MD preformed ct of abdomen pelvis w contrast, requested for an MRI to be preformed as soon as possible; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 1 month; There has not been any treatment or conservative therapy.; generalized weakness, decreased appetite/oral intake, decreased urination	1
General/Family Practice	Approval	72196 MRI PELVIS	mri lumbar spine doesn't go far enough to see sacrom; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	MRI PELVIS WITH AND WITHOUT CONTRAST TO ASSESS BUTTOCK PAIN; SUSPICION OF ANKYLOSING SYNDYLITIS; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

General/Family Practice	Approval	72196 MRI PELVIS	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/07/2016; There has not been any treatment or conservative therapy.; Numbness of neck, legs, back, and head. Hip and joint pain.	1
General/Family Practice	Approval	72196 MRI PELVIS	Patient already had a MRI no contrast 10/7/16. Showed bilateral iliac lesions. Pre and Post G Gad is needed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	72196 MRI PELVIS	Patient had abnormal ct .; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72196 MRI PELVIS	Patient with complaints of severe LT hip pain, pain with ambulation increasing over couple of weeks; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

General/Family Practice	Approval	72196 MRI PELVIS	Patient with recent abnormal Abdomen/Pelvic Ct showing multiple hypodense kidney lesions. Radiologist recommended MRI Abd/Pelvis to more fully characterize lesions and determine if cystic neoplasm.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	72196 MRI PELVIS	Preliminary Procedures X-rays; MRI - Pelvis w/o dye  Already Completed: Procedure Date: 09/08/2016; Abnormal acute fracture line or destructive process is seen. Moderate arthritic changes particularly involving L5-S1.  MRI w; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	Short of having an invasive procedure, several treatments and diagnositc tools have been used to determine the origin of the pain in this patient with no complete resolution of pain.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient first seen for this complaint back in January 30, 2015. Continues to have complaint of occasional pain . Patient had UltraSound and CTab/Pelvis in 2015 .; There has been treatment or conservative therapy.; Persistant left lower quadrant abdominal pain.; Patient has had pain medications, change in Birth Control methods, Imaging, Carafate and prevacid medications and antibiotics.	1

General/Family Practice	Approval	72196 MRI PELVIS	The radiologist recommended this procedure based off of the results of the lumbar MRI. Patient continues to have and radiculopathy despite conservative measures; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	7
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	6
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	11
General/Family Practice	Approval	72196 MRI PELVIS	ultrasound shows free fluid in the pelvic and colon area, further study is needed for diagnosis.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
General/Family Practice	Approval	72196 MRI PELVIS	UNKNOWN; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/04/2016; There has been treatment or conservative therapy.; PAIN , SEVERE SWELLING; STERIODS , XRAY, CT FOR SWELLEN	3

General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	Rule out cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; This is a request for an Arm CT Non Joint	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	14
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is 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.	4

General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	3
General/Family Practice	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	none; This study is being ordered for trauma or injury.; 09/18/2016; There has not been any treatment or conservative therapy.; pain in upper arm	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	pain in shoulder and arm; This study is being ordered for a neurological disorder.; Atrophy of muscle; numbness and tingling; There has been treatment or conservative therapy.; weakness ,numbness and tingling; Physical therapy and medication	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	RADIOLOGIST RECOMMENDS DUE TO SOFT TISSUE SWELLING OVERLYING THE PIP JOINT THE ETIOLOGY UNCLEAR NO EVIDENCE OF A FOREIGN BODY OR UNDERLYING FX SEEN; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN, PT STATES COMING AND GOING FOR 6MONTHS; There has been treatment or conservative therapy.; JOINT SWELLING, PAIN TO 3RD DIGIT L HAND CYCSTIC LESIONS HARD TO TOUCH, AND PER XRAY SOFT TISSUE SWELLING OVERLYING THE PIP JOINT; LABS DRAWN, XR DONE RADIOLOGIST RECOMMENDS MRI W AND WO	1

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Rule out cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Shoulder shows abnormalities; This study is being ordered for trauma or injury.; 04/29/2016; There has been treatment or conservative therapy.; Right Arm and Right shoulder Pain with numbness; Xrays  Prescriptions	1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	3
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	9
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	2

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	5
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	7
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		5
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/29/2016; There has been treatment or conservative therapy.; Cervical pain that radiates to shoulder, numbness and tingling of feet; Chiropractic therapy, home exercises	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/17/2016; There has been treatment or conservative therapy.; Pain; 5 weeks of Physical Therapy	2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/3/2016; There has been treatment or conservative therapy.; WRIST PAIN , LARGE AMOUNT OF SWELLING WEAKNESS, SHOULDER PAIN , DECREASE RANGE OF MOTION , UNABLE TO LIFT; XRAY NEGATIVE , MEDICATION , PT	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10-4-16; There has not been any treatment or conservative therapy.; pain in left hip and shoulder, limited range of motion	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Several years ago PT was in a motor cycle accident.; There has been treatment or conservative therapy.; Neck pain going to the PT left shoulder and left home. Pain is bad. PT can't lay on left side long. Low back going to the hip. Worst with walking.; Home Exercises , medications, PT & OT.	1

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

abnormal (+empty can test right shoulder with pain and 4/5 weakness). Joints, Bones, and Muscles: limited ROM (right shoulder to internal rotation) and tenderness (right shoulder subacromial area; 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.; exercises for rotator cuff injury completed, no relief; The patient received oral analgesics.

1

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

Chronic 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.; 09/2016; There has been treatment or conservative therapy.; Chronic pain in knee. Chronic pain in shoulder with radiation. Pt has right sided sciatica.; Medications, heat and rest.

1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Medication therapy has not solved problem. X rays were inconclusive.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Chronic pain centralized in neck and Left shoulder.; Steroid, Muscle Relaxer, Narcotic Analgesic	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	none; This study is being ordered for trauma or injury.; 09/18/2016; There has not been any treatment or conservative therapy.; pain in upper arm	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	ON GOING PAIN FOR OVER 3 WEEKS. PAIN WITH ABDUCTION, FULL ROM WITH DISCOMFORT, POSITIVE DROP TEST, POSITIVE EMPTY CAN TEST. SUSPICION OF 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

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient having persistent LT shoulder pain with movement and arm pain. No relief with NSAIDS. Increasing pain noted over 2 weeks.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	pt has a rotator cuff tear on previous mri.still in 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.; 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
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt injured left shoulder and is now experiencing left shoulder pain, decreased ROM. MRI is being ordered to evaluate the 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

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Severe right hand numbness. Can't pick up anything with right hand; This study is being ordered for trauma or injury.; 12/18/2016; There has been treatment or conservative therapy.; Shoulder and cervical pain. had a fall; At home exercises. Applied heat, muscle relaxers	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	tenderness and limited ROM with right knee/right shoulder.; This study is being ordered for trauma or injury.; 05-05-2016; There has been treatment or conservative therapy.; arthralgias/joint pain; right knee weak, painful to put pressure on it. Painful right shoulder keeping her awake and has to hold next to her body.; Mobic 15 mg tablet- 1 tablet every day; NSAIDS OTC as needed for pain	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; changes compatible with tendinitis	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Enter answer here - or Type In Unknown If No IShoulder exam: positive impingement signs, tenderness to left shoulder down deltoid extending just past AC fossa. Pulse intact. Jacquelyn S Gower is a 59 y.o. female who complains of left arm pain onset 2 week	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; FIRST SEEN ON 11/29/2016 WITH THE PAIN AND THE PATIENT IS BACK WITH THE SAME COMPLAINT	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; having shoulder pain, failed therapy 3 weeks,	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; left shoulder pain x 2.5 years with re-injury 2 months ago. Patient has failed rest, activity modification and home exercise program. She had a recent fall which has caused increased shoulder pain. Patient complains of limited rom, difficulty sleeping, no	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; limited rage of motion positive EMPTY CAN SERVER PAIN	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; MRI Arthrogram Right Shoulder ordered to rule out labral tear. Patient has had pain x 3 weeks with no known injury. She is very active in cheerleading, bowling and tennis. She has rested for the past 2 weeks with no relief. Physical exam finding include,	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; mv accident in june 2016	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Partial rotator cuff tear, shoulder pain, joint stiffness, muscle weakness	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient fell 2 weeks ago and has tried conservative therapy without results. Pain is worse and he cannot abduct his shoulder more than 45 degree angle and had a normal x-ray.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Probable torn rotator cuff. Injury on 11/11/2016.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PT HAS SHOULDER PAIN, WEAKNESS, AND DECREASED ROM. POSITIVE NEERS TEST AND EMPTY CAN TEST.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt was pulling a box from a shelf high above her head when she felt pain in her right shoulder.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; RIGHT SHOULDER JOINT PAIN.DECREASE STRENGTH AND ROM, POSITIVE EMPTY CAN TEST AND NEERS TEST.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Right shoulder pain and pooping with movement	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; The patient is unable to lift her left arm and has severe pain in her left shoulder unrelieved with steroids and pain meds. Suspect rotator cuff tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Trauma, fell on left shoulder on 11/22/16. limited range of motion. pain radiating into fingers and arm. tingling. had medications with no improvement.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; We are evaluating for a left rotator cuff tear. There is no deformity to the shoulder. No erythema or ecchymosis. Mildly TTP over the anterolateral shoulder. Active range of motion restricted in FF and abduction due to discomfort. Reduced internal rotatio	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	5

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Chronic Left shoulder pain. Abnormal Xray Left shoulder. Showing Osteophytosis at the greater tuberosity seen, suggestive of rotator cuff tendinopathy.Also soft tissue swelling.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; none given	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; possible rotator cuff tear right shoulder	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; pt can't extend over 90 degree angle and have 50% less Strength than opposite shoulder ...pain cause pt not to be able to sleep	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; pt has c/o pain in right shoulder; numbness and tingling in her hand and fingers; c/o weakness and burning in her shoulder and cant raise her arm up very high due to severe pain in shoulder.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	12
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	199
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are documented findings of crepitus.; The ordering physician is not an orthopedist.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; It is not known if there are documented findings of swelling.; The ordering physician is not an orthopedist.; ; It is not known if the patient is experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; Pain in shoulder, pain with movement, loss of grip; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	5
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	5
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; disorder of rotator cuff-limited ROM	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Evaluate shoulder pain	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; injured shoulder on 9/19, no fracture, r/o torn muscle fibers, unable to raise shoulder, doing ROM exercises,	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain, limited range of motion secondary to pain, positive impingement	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Limited range of motion, steroids	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient in severe car accident with right shoulder pain becoming worse.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; pt had motorcycle accident. pt has continuing shoulder pain. pt has had x-ray. pt had weakness on exam. doctor suspects internal derangement.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; recent injury 4weeks ago	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; RIGHT SHOULDER PAIN- yesterday the patient came to the clinic complaining of increasing right shoulder pain. She did have an injection in the right shoulder joint and reported that she initially had some better result with that but this morning she woke up	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	21
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	4

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; 3 days ago, he felt a pulling sensation and severe pain when making lateral raise motion. Still having difficulty raising right shoulder due to pain in lateral shoulder. Extensive bruising noted to right shoulder and bicep area	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; patient was lifting heavy objects (bed, dressers) and has pulled something. constant pain	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Ensure throat AND R SHOULDER PAIN    History of Present Illness  New symptom(s):  SEVERE SORETHROAT FOR 24 HOURS W NO FEVER. R SHOULDER PAIN ANTERIORLY AND LATERALLY SINCE DRAGGING AND SKINNING DEER IN OCTOBER.   Vital Signs  Nu	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.; There is documented findings of severe pain on motion.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient has had 3 or fewer follow-up shoulder MRIs.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; This study is being ordered for staging.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	9
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has 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.	3

General/Family Practice Approval

73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

2

General/Family Practice Approval

73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

3

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

4

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

3

General/Family Practice Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has 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.

3

General/Family Practice

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

3

General/Family Practice

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.</p>	4
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	3
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	UNKNOWN; This study is being ordered for trauma or injury.; 11-15-16; There has been treatment or conservative therapy.; joint tenderness, joint swelling and decreased ROM. joint crepitus Straight arm raise + b/l h/o right shouldr repair within 18 months; clicking sound with ROM b/l ; recent football injury and excessive tackling all safety gear in use ; no bruising or red; PHYSICAL THERAPY	2
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	X-ray of the right shoulder is unremarkable. Patient is now having loss of range of motion especially on abduction and internal rotation. I suspect he may have rotator cuff involvement.; 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
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY		2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	has multiple rounded calcifications mid tibial diaphysis, probably related to soft tissue calcifications, need CT of leg for further evaluation.; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	5
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.	4

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	4
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	6
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	2

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This patient is needing additional imaging because the X-Rays were unremarkable. Also, so we can form a more successful treatment plan for this patient, other than medication and at home treatment. Patient very well may be needing to be referred to an o; This study is being ordered for trauma or injury.; 11-30-16; There has been treatment or conservative therapy.; Lower back pain, Leg pain, numbness in leg, pelvic pain.; At Home Exercise, Pain medication.	1
General/Family Practice	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		7
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.</p>	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; Yes, the plain films/scans are normal.; No, the ordering physician is not an orthopedist or a pediatrician.</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; It is not known what type of medication the patient received.</p>	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2weeks; There has been treatment or conservative therapy.; pain, severe swelling, cellulitis; antibiotics	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 8, 2016; There has been treatment or conservative therapy.; Swelling, not able to bend; PT, and injections	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; joint disease, both knees, knee pain. degenerative disease; medications, non weight bearing status	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	after the result of MRI will be setting patient up with a specialist; This study is being ordered for trauma or injury.; patient states after PT on 10/3/16 she was unable to move, bend knee; There has been treatment or conservative therapy.; tenderness on exam of knee's bil. xray shoes osteoarthritis. acute pain after PT.; Physical therapy, Medrol dose pak, naproxen, zanaflex, and Norco for pain	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Description Acute pain of left knee (M25.562). Exam suspicious for possible meniscus injury. Plan to start with x-ray. If no acute process on x-ray, plan to complete MRI. Continue use of brace, heat, NSAID PRN pain. CBC Auto Diff and Uric Acid to be 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	instability, LROM,; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	LATERAL KNEE PAIN, UNABLE TO STRAIGHTEN LEG ACUTE KNEE PAIN; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	None; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain in range of motion of the knee; This study is being ordered for Inflammatory/ Infectious Disease.; 11/7/2016; There has been treatment or conservative therapy.; Pain in the pain; anti-inflammatory, blood work and x-rays	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Pain is moderate-severe. Constant and worsening. No radiation. Aggravated by movement, walking, standing. Positive joint tenderness, swelling. No obvious MOI, hurts medially, and uncomfortable.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Cyclobenzaprine 10 mg bid; The patient received medication other than joint injections(s) or oral analgesics.</p>	1
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General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Patient had old repair surgery in 1989 due to an accident. Patient stretched his knee and caused pain and swelling on 11/30/2016. On exam there is palpable tenderness of the medial portion of the joint in left knee. Positive McMurray and some guarding.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
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General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient was seen had plain film done of the hip MD recommended knee MRI for suspected AVN; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pop of the knee previous surgery of the knee; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	POSITIVE SWELLING,DECREASED MOBILITY,LIMPING,POPPING,DIFFICULTY INITIATING SLEEP,3 WEEKS AGO FALL INJURY,IBUPROFEN,ICE; Duration of Symptoms: Start: 10/06/2016; Physical Exam Findings: mumurry sign test positive; valgus stress test positive; limited r; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	possible tear ,twisted right knee ,pain; 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

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Primary symptoms: Patient continues to have pain with neg xray and evaluation by neurology as well as neurology. Patient complains of ankle instability, numbness (over the 2nd toe and 3rd toe) and stiffness. She denies swelling. The pain increases with n; This study is being ordered for a neurological disorder.; 09/01/2016; There has been treatment or conservative therapy.; Patient continues to have pain with neg xray and evaluation by neurology as well as neurology. Patient complains of ankle instability, numbness (over the 2nd toe and 3rd toe) and stiffness. She denies swelling. The pain increases with night time and wa; Evaluation by orthopedist and neurology. Also medication used; Meloxicam, and gabapentin</p>	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Pt had dashboard knee injury in an MVA and has continued pain. She has completed physical therapy. Still has pain.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Pt has been on meds x 2 weeks. pain not any better. has hx of torn ligaments in right knee. has decreased ROM. joint tenderness and swelling; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt has had xrays and several steroid joint injections that helps at times but then the severe pain comes back.; This study is being ordered for trauma or injury.; 12/15/14; There has been treatment or conservative therapy.; pain in bil knees, 10/10 and at time greater. sharp stabbing pain upon movement; pt has had pt and some wt loss and she has had some pain medication and nsaid still in pain	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PT has hx of knee surgery 2004, 2005 hae hardware removed. Patient had hit the knee. Now has pain more then 1 week. She heard a pop. Has swelling. Has been resting the knee. painful active or medial movement.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has worsening pain from an injury over 2 weeks ago.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt is having locking and giving away of the knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt wears a knee brace. Has effusion and swelling; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	r/o atheritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/12/2015; There has been treatment or conservative therapy.; knee pain and instability; PT, medication	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O tendon tear of shoulder , R/O tendon tear of knee; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Knee pain, chronic shoulder pain	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RIGHT KNEE EFFUSION PRESENT EXQUISITE TEND ?? POS DRAWER; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The results of the plain films is not known.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right knee pain, strain, left thigh pain, strain; This study is being ordered for trauma or injury.; 11/22/16; It is not known if there has been any treatment or conservative therapy.; right knee pain, strain, left thigh pain, strain	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	rt knee pain She twisted on it and felt a pop and she had swelling and pain since that time, rt knee pain with palp and effusion in rt knee neg posterior and anterior drawer but pain with any manipulation, pt was put in brace and given ibuprofen on 10/24; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected ligament injury; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	tenderness and limited ROM with right knee/right shoulder.; This study is being ordered for trauma or injury.; 05-05-2016; There has been treatment or conservative therapy.; arthralgias/joint pain; right knee weak, painful to put pressure on it. Painful right shoulder keeping her awake and has to hold next to her body.; Mobic 15 mg tablet- 1 tablet every day  NSAIDS OTC as needed for pain	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	the Pt has had paing x 2 weeks , chronic 2-3 years. Pt is falling, knee is hyper extending. unable to weight bear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	7
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	9

General/Family Practice Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

2

General/Family Practice Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

1

General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

2

General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for a foot MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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.

14

General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

1

General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if patient had a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; PATIENT HAS AN MASS OR LUMP ON THE RIGHT KNEE.; Suspicious Mass or Suspected Tumor/ Metastasis	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; ; Known or Suspected Joint Infection	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	26
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; Known Tumor	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	14

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	23
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	18
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	10

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	8
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	50

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	28
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	17
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	41
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.; Post-operative Evaluation	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	3

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Locking	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	7
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	7
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	22
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Lypic lesions of the femur; Suspicious Mass or Suspected Tumor/ Metastasis	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; N/A; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	6
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	5
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	3

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; abnormal plain film abnormal synovial fluid specimen obtained corticosteroid injection with no improvement; Known or Suspected Joint Infection	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; pt had a venous doppler done on left lower extremity on 10/28/2016. It read "no evidence of DVT seen in left lower extremity. There is some free fluid/possible bursitis adjacent to the knee."; Known or Suspected Joint Infection	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Non-acute Chronic Pain; No, there is no known trauma involving the knee.; Locking; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days; Swelling greater than 3 days	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; Yes, the patient had a recent ultrasound of the knee.; It is not known if patient had recent plain films of the knee.; The patient has not had a recent bone scan.; right knee mass within the popliteal fossa x 10 years but increasing in size per ultrasound recommend MRI; Suspicious Mass or Suspected Tumor/ Metastasis; No, the ultrasound of the knee was not normal.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is 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.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	8
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	3

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	11
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	20

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	18
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General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
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General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
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General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	5

General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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General/Family Practice Approval 73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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General/Family Practice Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

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General/Family Practice Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unable to lift up normally to put on pants, swollen knee, stiffness after rest; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Caller states she does not have that record; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for trauma or injury.; 9/30/16; There has been treatment or conservative therapy.; Pt has pain, decreased ROM, swelling/bruising;; xrays, resting/elevating	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	xray ABN,; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 months; There has been treatment or conservative therapy.; low back pain radiates to R hip to thigh past knee- R hip Pops -Positive leg raise R sides- R lower extremity weakness-; inflammatory therapy- Chiropractic, home exercise	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/4/16; There has been treatment or conservative therapy.; abnormal finding on ct; physical therapy and medicine	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2016; There has been treatment or conservative therapy.; Limited range of motion. Pain goes from the hip to the PT leg.; PT and medications.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10-4-16; There has not been any treatment or conservative therapy.; pain in left hip and shoulder, limited range of motion	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2-9-16; There has been treatment or conservative therapy.; pain; medication	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	has a hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; feelins like she has been kicked by a horse; surgery	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/4/2015; There has been treatment or conservative therapy.; Chronic pain to the hip and knee.; Home exercise, and medication.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient is a candidate for lumbar epidural steroid injections and right hip injections.; This study is being ordered for a neurological disorder.; 02/2016; There has been treatment or conservative therapy.; Patient contacted the clinic complaining of worsening pain symptoms after completing 4 weeks of a home exercise program. Patient has a 7 month history of worsening right low back pain with episodes of numbness in the right foot. She describes a long histo; Chiropractic therapy and a home exercise program.	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	5
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; 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.	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1

General/Family Practice Approval

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

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

1

General/Family Practice Approval

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

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.

1

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

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	14

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
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General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1
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General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	5
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General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
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General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	11
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General/Family Practice Approval

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

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

1

General/Family Practice Approval

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

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has a documented limitation of their range of motion.

2

General/Family Practice Approval

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

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

General/Family Practice Approval

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

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

General/Family Practice Approval

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

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

1

General/Family Practice Approval

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

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

2

General/Family Practice Approval

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

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

1

General/Family Practice Approval

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

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

8

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Pt suffers with peripheral vascular disease with calcification.; Is this a request for one of the following? MR Angiogram lower extremity	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

1

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; It is unknown what is suggested the suspicion of a renal mass.

1

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/16; There has not been any treatment or conservative therapy.; abdominal pain after surgery, chest pain	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdominal pain , night sweats; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/23/16; There has been treatment or conservative therapy.; elevated white blood count higher each time she comes in; Medication ,	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Bilateral adrenal nodules 2.1 cm x 1.6 cm on the right and 2.7 cm x 0.9 cm on the left. Bilateral adrenal lesions more likely represent adrenal adenomas, but correlation with non-contrast CT study of the abdomen recommended.; History of prostate cancer.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Clinical Information; History / Dx: R16.0Hepatomegal History / Dx: R74.8 Elevated liver enzymes ; Duration of Symptoms: Start: 09/29/2016 ; Physical Exam Findings: normal exam; Preliminary Procedures Ultrasound ; Already Completed: Procedure D; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	elevated LVH; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	FATTY LIVER,SEVERE INCREASED ECHOTEXTURE OF THE LIVER ON US,PORTAL FLOW LIMITED,JAUNDICE,ABNORMAL US,ABNORMAL LABS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>FURTHER EVALUATION; US ABD LIMITED; 12/07/2016; Findings: The entirety of the pancreas is not visualized but the visualized portions of the pancreas are normal in appearance. Fatty infiltration of the liver is moderate in severity. A 3 cm hypoechoic 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.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Generalized abdominal pain , gastritis, chronic diarrhea.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Has Unexplained weight loss. Increase Shortness of breath. Intractable diarrhea for months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>HPI: 51 y.o. female presents with back pain x 1 year that has worsened over the last few months. The problem occurs only at night. The pain is located under the right shoulder blade. It radiates from an area between her shoulder blade and spine. She descr; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Mdo is trying to rule out a hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NONE; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient had an ultrasound of right upper 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient had sudden onset, severe RUQ pain that started yesterday. She went to ER and after 5 hours, no imaging was done and she was released. Pain has recurred since that time. She had a cholecystectomy 8/18/16. She has lost 32 pounds since January.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>patient has a 4 month history of intractable back, abdominal and rib pain. she has a history of hodgkins lymphoma.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Patient has colon cancer.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Patient has elevated liver enzymes, ultrasound showed hemangioma.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has nausea, right side abdominal pain, dizziness, pain in right rib area that is described as feeling something "give" while turning. Sharp pain in rib area with no relief.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient presents with c/o fall on 15DEC2016; reports his right leg "gave out" on him while at work. States he fell onto his back resulting in some numbness/tingling to his bilateral upper extremities. Denies LOC. Reports falling again on 25DEC2016 due to ; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra- abdominal bleed.	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>periumbilical hernia right of the umbilicus.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>PT CONTINUES TO EXPERIENCE MODERATELY SEVERE RUQ ABDOMINAL PAIN WITH NAUSEA, VOMITING AND WEIGHT LOSS WHICH WORSENS AFTER EATING ABDOMINAL U/S REVEALED NORMAL RESULTS BUT SYMPTOMS CONTINUE; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis</p>	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Pt has had RUQ pain for over 2 years, has symptoms of Reflux Symptoms, constipation, severity ranges for 2-6 times daily, Pt has a history of Pancreatitis. Pt recently had a Ultrasound of Abdomen that showed Fatty Liver and Non-visualization of the tail ; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>PT has possible hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt has very large ascending aortic aneurysm which measure 4.6 cm x 4.5 cm. This study is to monitor the area for any changes/worsening; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt reports stomach upset for 2 years. every 2 months or so it starts with gas, then voming, progressing to diarrhea. Most recent episode began 8 days ago. She has continued to have several episodes of diarrhea a day, denies dark/tarry/bloody or mucus in s; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
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General/Family Practice Approval 74150 CT ABDOMEN WITHOUT CONTRAST

pt was seen 11/2/16 and had routine labs, results show elevated lft's. us liver done-11/11/16 and shows 4 hyperechoic lesions, measure 4.3, 3.8, 33.1 and 1.1 cm, requesting 3 phase CT for further evaluation . ast- 74 alt-128.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.

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General/Family Practice Approval 74150 CT ABDOMEN WITHOUT CONTRAST

R/O Hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis

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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O:CARCERATED HERNIA ABDOMINAL PAIN,ABDOMINAL WALL MASS,PALPABLE MASS,TENDER TO PALPATION; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	rt upper quad ultrasound, showed probable pneumobilia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	rule out hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	SEVERE EPIGASTRIC PAIN SINCE OCT 27 2016. PT WENT TO ER.; 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.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	3

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.	1
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General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	16
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	14
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	4
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	3
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.	2

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Ulcerative Colitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	31
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.	1

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

2

General/Family Practice Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

2

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Diabetic patient with gastroparesis.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Hematuria.	2

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Ultra sound indicates needs further eval for liver mass and reoccurring Pulmonary embolism with symptoms of shortness of breath; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	unknown cause of hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	5
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	6
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis 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.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis 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.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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 had an amylase lab test.; The results of the lab test were normal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/01/2016; There has not been any treatment or conservative therapy.; neck mass, hematuria	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/07/2016; There has not been any treatment or conservative therapy.; weight loss, smoker, pain	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/23/16; There has been treatment or conservative therapy.; swollen lymph glands, tenderness, swelling.; medication	1

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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	2
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/03/2016; There has not been any treatment or conservative therapy.; Solitary pulmonary nodule Solitary pulmonary nodule; Adrenal disorders Disorder of adrenal gland, unspecified	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	24 days postpartum, severe pelvic and perineal 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	abdomen has tenderness to palpation in right lower quadrant and flank. treated in emergency room 2 weeks ago for this pain and muscle strain has been ruled out.; This is a request for 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal pain for 5-6 months, severe constipation and rectal 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal pain; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal Series Xray performed and Radiologist suggested CT of abdomen and pelvis with abnormal bowel gas pattern.; This is a request for an abdomen-pelvis CT combination.; This study is being 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ABDOMINAL SWELLING; UMBILICAL MASS; NAUSEA; VOMITING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Chief Complaints: 2. Pain on Rt Side, Back Pain, ; HPI: Followup: Pt with right lower quadrant pain with onset yesterday that is increasing in severity over the past 24 hours. Pt has no appetite. No fevers. Pt also has right upp; This is a request for an abdomen-pelvis CT combination.; This study is being requested 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	DECREASED APPETITE, 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Diarrhea and nausea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	DYSURIA,HEMATURIA,INCREASED URINARY FREQUENCY,BILATERAL LOW BACK PAIN, URETERAL STENT, HISTORY OF SHOCK WAVE LITHOTRIPSY, RECURRENT NEPHROLITHIASIS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	elevated white blood cell count , guarding; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unk 38 year old female presents to clinic with c/o Left upper quadrant discomfort, pt reports that in August she was lifting boxes at work and felt something bulge, pt reports has not gotten better and continues to have pai; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Exam; Findings; Details; Constitutional; Comments; Gen- alert, pleasant, NAD; Heart- RRR, s1s2; Chest- CTAB, no w/c/r; Skin- warm/dry, no rash; Ext- no edema; Abdomen; *; Abdominal tenderness - LLQ.; Abdomen; Comments; soft, faint LLQ guarding; Abdomen; N; This is a request for an abdomen-pelvis CT combination.; This study is being 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hematuria and ongoing 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.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Lab work and X ray reveal further study required; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	labs showing elevation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/02/2016; There has not been any treatment or conservative therapy.; Mediastinal seen on chest x-ray elevated CRP, sedrate, whiteblood cells	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	LLQ pain, hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	MRI had a left adrenal cyst on previous MRI. Needs CT in follow up. MRI showed a mediastinal cyst also. CT is also recommended.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/01/2016; There has been treatment or conservative therapy.; Joint pain, extreme tiredness, and weight gain; Rheumatology and previous MRI that showed the left adrenal mass	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	mucus in stool, acute abd pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Abdominal pain a few weeks ago, Coughing last week.; There has been treatment or conservative therapy.; Coughing up blood, decreased breathe sounds in right and left lower field, abdomen is distended(swollen), tenderness in the right and left upper quadrant.; Surgery, medications, gastritis, and endoscopy.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/2016; There has been treatment or conservative therapy.; R/O mass swelling; Lab work ultrasound	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient had a recent UTI which was treated and sx got better, she then began to have flank and lower abd.pain about 2 weeks ago which she ended up passing a kidney stone. Patient states her pain never went completely away. She is having increased pain, n; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>patient had history of endometrial tumor, have right upper and diffuse lower tenderness and pelvic 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.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient has abdominal swelling, fever, elevated white count, decreased appetite, nauseated, vomiting, weakness, and on the lab work she has elevated liver function tests.; 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.</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has been experiencing right lower quadrant pain for 8 days as well as 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has been experiencing right upper quadrant pain for a few months. Nauseau and vomiting; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had abdominal pain, hematuria, UTI for since 11/8/16. Pt has tried several different antibiotics but hasn't helped.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has urine with positive nitrite has flank pain frequency; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT IS HAVING 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 male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient presented with 3 day history of moderate to severe left flank pain, dysuria, nausea, abdominal pressure and nocturia. Pain is worsening over time.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient was involved in a head on MVA on 10/10/16.; This study is being ordered for trauma or injury.; Patient was involved in a head on collision on 10/10/16; It is not known if there has been any treatment or conservative therapy.; Severe back pain and pelvic pain that has no relief	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient with 1 day of sharp abdomen pain. patient is status post tubal ligation.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient with increasing abdominal pain. provider looking for renal stones. imaging is needed to determine source of pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with persistent abdominal pain for several months, diagnosed with IBS and has had unsuccessful treatment with medication. She has had previous abdominal ultrasound with normal results, had pelvic ultrasound with abnormal results of uterine fibroid; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with severe abdominal pain and elevated WBC; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pelvic u/s 11/3/16 revealed 2.4cm cyst left ovary and anteverted uterus; otherwise unremarkable. Still having ongoing abdominal/pelvic 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Positive urinalysis, blood in the urine, R flank pain moderate in severity, duration two days, R ureteral calculus, HX of diverticulitis, aching, sharp shooting 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	possible kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible Kidney Stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Prior CT Neck was ABN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT C/O LUQ PAIN THAT HAS BEEN PERSISTENT WITH TEARING SENSATION TO SHARP PAINS FOR ALMOST A YEAR, TENDER TO TOUCH/ALLODYNIA, WORSE IN CERATIN POSITIONS, MILD NAUSEA. NO STOOL CHANGES, GI: SCOPED 6/16 HAD DIVERTICULOSIS, 6/16/ UTERINE CA S/P SURGERY; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has been having sx of abdominal pain, vomiting, nausea, and fatigue since July 2016. Pt was tested for HCG that came back negative. Her sx are getting worse and pain is severe.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were normal.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt has distention of the abd with nausea and vomiting and radiates to pelvis worsening over past 3 days and worse with eating and drinking. Pt is having urinary frequency.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has flank pain and abdominal pain; r/o kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt has generalized right sided abdominal pain with palpation.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has history of kidneys stone. Pt has recurrent UTI's . Pt has hematuria Rule 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has non-Hodgkins lymphoma, stage 1; now having abnormal weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAS UNEXPLAINED WEIGHT LOSS, HEMATURIA, SYNCOPE. URINARY INCONTANCE, DEMENTIA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt having stabbing pain in lower right abdomen, had u/s that was abnormal and recommended 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 female.; A pelvic exam was performed.; The results of the exam were abnormal.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt is experiencing 2 weeks of abd pain, cramping, fever, appetite loss, and diarrhea. Unable to manage on his own.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt with hx of hernia repair over 1 yr ago c/o pain came back about one month ago. No definite hernia appreciated on U/S. CT recommended and clinically indicated for further evaluation.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. was injured with a brick three weeks ago. Pt. was slowly getting better but on Sunday pain started and is getting worst. Pain is aggravated by walking.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/o appendicitis or tubal pregnancy.; This is a request for an abdomen-pelvis CT combination.; This study is being requested 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O concussion and kidney stone; This study is being ordered for trauma or injury.; 10/21/2016; There has not been any treatment or conservative therapy.; Right flank pain and nausea with urinary hesitancy, head injury with nausea	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o diverticulitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o mass; This is a request for an abdomen-pelvis 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o source of pain, enlarge spleen or kidney issue; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Recent ER visit, believes it's a possible appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	renal abscess on right. Pt having flank pain and chills; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Sarcoma. Work up for cancer diagnosis; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	see clinical notes; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Sudden onset on RLQ pain, nausea, anorexia and epigastric pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Suspected 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Tender, hurting on her L upper ABD area, heartburn, constipation, diarrhea, HX of pancreatitis, had gall bladder removed; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	TESTS ORDERED ON BEHALF OF SPECIALIST DUE TO RECENT ABDNORMAL LABS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	57
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Patient has a lower mid-abdominal mass palpable upon examination. She also has recent history of irregular menses.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	2

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Ulcerative Colitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; R/O appendicitis

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;
<Enter Additional Clinical Information>

1

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

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;
UNKNOWN

1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; 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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	6
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	8
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	268
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	58
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Other	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	13
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
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General/Family Practice Approval 74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

6

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

2

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; No lab results but patient had labs done on 12/13/206 R/O appendicitis

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Recent hernia repair with mesh placement

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

2

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abdominal pain, tenderness on palpitation

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Generalized abdominal pain

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.;
There are NO abnormal lab results or physical findings on
exam such as rebound or guarding that are consistent with
peritonitis, abscess, pancreatitis or appendicitis.; This study
is being ordered for another reason besides Crohn's
disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative
Colitis, Diverticulitis, or Inflammatory bowel disease.;
There are no findings that confirm hepatitis C.; Infection
such as pancreatitis, appendicitis, abscess, colitis and
inflammatory bowel disease; No, the patient has not been
seen by a specialist or are the studies being requested on
behalf of a specialist for an infection.; HAVING LEFT LOWER
QUAD PAIN FOR 2 - 3 WEEKS HEMETURIA

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; he has been having stomach issues for a long time, he states that he has had ECMO as a child and thinks he that he may have some sort of chronic disease.he states that he has been having more pain today than in the past. He states that he has a burning p

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient has had lymphadenitis for the past 2 months. Has been given antibiotics and didn't help. They lymph node is getting bigger

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient in clinic today with fever and abdominal pain with nausea. Upon exam pt had positive psoas sign with RLQ tenderness and positive heel tap

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient with severe left pelvic pain for about one week. Notes will be faxed.

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; pt has abdominal pain that is not reoccurring and not responding to outpt and OTC medications

1

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

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; tenderness right lower abdomen and fever

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; unknown

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Xray deomstrates bowel impaction throughout small and large intestine. There is a large amount of stool at the base of the cecum.

1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	9
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	19
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 30lbs wt loss; no appetite; ENT suggested ct scan to check for cancer.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 9/7/16- RIGHT LOWER QUDRANT PAIN, HYDASCAN-NEG, 11/30 PT STILL HAVING ABDOMINAL PAIN, AMYLASE AND LYPASE - NORMAL, ULTRASOUND NEG	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abd pain post hysterectomy see notes attached.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABD pain with diarrhea and vomiting, has been going on for a couple of weeks.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABD pain,	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abdominal pain and nausea	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abdominal pain for the past 4 months	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abdominal pain, located in pubic pelvis, radiates to the back. started 2 months ago. sharp stabbing pain. severe. no obvious aggravating factors. no relief from the pain, nausea and discharge. IUD 2013. Prior cholecystectomy. X ray and US done and normal.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, nausea	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abn ct with contrast recommending ct without contrast tyo evaluate possible medullary sponge kidneyson  provider is requesting CT without contrast	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ADHESIONS	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; BOWEL OBSTRUCTION	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; C/O RLQ PAIN FOR A WEEK. NORMAL EXAM EXCEPT FOR RLQ TENDERNESS ON DIRECT PALPITATION, NORMAL ABD XRAY, TRIAL OF HYOSYAMINE, USED HEAT. VISIT 11/9/16 AND THIS WAS A HOSPITAL FUP. DENIED URINARY PROBLEMS, NO HEMATURIA, NO DIARRHEA, NO N/V. PT STATES HE FEL</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Chronic abd pain, hx of alcohol abuse and elevated Lipase. Chronic diarrhea. Abn urine lab, lipase, abn metabolic panel and abn cbc. Chronic</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CHRONIC ABDOMINAL PAIN . ABNORMAL LAB WORK , ABNORMAL CBS , PAIN , ABNORMAL BASIC METABOLIC PANEL</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; concern for possible incarcerated hernia or pelvic process.</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Constitutional: Positive for weight loss. &#x0D; &#x0D; Gastrointestinal: Positive for abdominal pain and diarrhea. Negative for melena. &#x0D; &#x0D; Abdominal: Soft. Bowel sounds are normal. There is tenderness.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Dyspepsia, Chronic Left upper quadrant pain Worsening, Gastroenteritis, acute</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ELEVATED TUMOR MARKER, FAMILY HISTORY OF PANCREATIC CANCER. RULING THIS OUT.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; epigastric abdominal discomfort now persistent for more than a year. EGD done in May of 2015 showed only mild gastritis.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; fever vomiting diarrhea and nausea</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; gallbladder surgery one year ago, still feels pain, ABD pain	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; History of PID, nausea, pelvic pain	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Infection	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; left quadrant tenderness, abdominal pain,	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Liver enzymes continue to climb	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Looking for diverticulitis	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; LOSS 10 POUNDS IN THE LAST MONTH , PAIN , UNABLE TO EAT DIHARREA	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; nausea & vomiting, diarrhea , bad UTI , antibiotic, unable to keep anything down	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; nausea and vomiting, severe abdominal pain right upper quad	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; No clinicals available	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; no US// Urine test not done//	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; off and on pain right lower quadrant that causes to double over in pain. Has been going on for 2 months. positive for abdominal pain and tenderness.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; One month of left upper quadrant pain, recent dx of secondary Addisons disease.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Ovarian Pain, HX of Ovarian Cyst, check left ovary cyst status, R/O diverticulosis	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pain in lt lower side x3wks; possible inguinal hernia	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pain starts in back radiates to abdomen, worse with movement	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pain Swelling	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient continues to have abdominal pain with dark stools for over 2 weeks. Nothing makes it better and it seems to migrate around stomach.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has been having unexplained abdominal pain for 6 months. Patient is having bilateral flank pain. Nausea, diarrhea, fatigue. Patient has been on antibiotics to try to rule out infection. Has not helped. Patient has done a course for constipation an	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has had LUQ and LLQ abdominal pain and swelling - recurring over 1 year. Patient describes pain as "sharp and stabbing".	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has Persistent Pain just at bikini line x3months. Had Evaluation at OBGYN with Ultrasound and it showed 2cm cyst on ovary in October and had repeat u/s done 1 week ago and cyst now at 1cm but patient continues to have pelvic pain despite changing</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient having left lower quadrant pain evaluated 12/19/2016 dr noted nodule</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; PATIENT IS HAVING CONTINUING ABDOMINAL PAIN . PATIENT IS HAVING FREQUENT BOWEL MOVEMENTS.</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient is having epigastric fullness and hernia</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient presents as an emergency with severe abdominal pain and right side pain.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient tender to palpation around the umbilicus area. There is pain around belly button area, concerned for umbilical hernia had baby 10 weeks ago.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient tender under surgical incision. Had fat removed to fill in cheek after removal of parotid stone. Has had multiple antibiotics with continued pain .	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient with worsening abdominal pain requiring CT to determine source of pain.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pressure and pain that is worsening. Flank pain 'nothing gives relief'	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pt has abdominal wall hernia, needs ct to assess.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has been having pain with up to 12 pounds of weight loss in last 2 months making it hard for her to eat and sleep.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pt has had an xray to evaluate her abdominal pain, it was negative. pt needs further testing to evaluate the cause of her constant abdominal pain. the pain interferes with pt daily functioning.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has ongoing abdominal pain x 1 month. Left upper quadrant tenderness and rigidity were present upon palpation during exam.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has worsening abdominal pain and WBC of 10.4. doctor would like CT to assess for diverticulitis.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is having ongoing abdominal pain. no improvement with medication. labs are nonfocal. pt is vomiting when eating. hemacult cards were negative. having swelling in abdomen.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt went to ER and was diagnosed w/ a small bowel destruction and kept him for about 3 days	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; rectal blood	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; reoccurring ABD pain/possible gall bladder issue/	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; re-occurring abdominal pain	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; RIGHT QUAD PAIN RADIATING IN LEGS AND BACK POST MENAPAUASAL LOTS OF BLEEDING	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; RLQ abdominal pain noted. This is located primarily in the bilateral lower abdominal area. It began one year ago. He characterizes it as dull. It is of mild intensity. The typical duration is quite variable. Aggravating factors include palpation. T	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RUQ and Right groin tenderness. U/S did not show an inguinal hernia on the right side. The radiologist suggested we get a CT scan for further clarification.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; see notes	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; severe abdominal pain vomiting and diarrhea and went to emergency room told him gas was the cause. but it's been going on for a week	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; She started having a burning pain about 3 days ago in her lower abdomen. It gets worse with movement and better when sitting still. She has lost 66 pounds since last visit in July.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; sudden abdominal pain for three days, sharp worsening pain, no relieving factors, nausea, tenderness in left lower quadrant, ultrasound was performed and was normal, elevated sedrate,	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Tender to right lower quad; possible stone in gallbladder; nauseated and no appetite.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; This is an Urgent Care, patient with abdominal and back pain, has a history of ovarian cysts.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unexplained abdominal pain, suspected ulcer, fatigue, administered pain medications, tenderness in the stomach, lab work performed.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Vomiting and diarrhea; general abdominal pain; 5-6 episodes per night	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; WILL FAX CLINICALS	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	364
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	41
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	12
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	6

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; EVIDENCE OF HERNIA	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Patient has elevated liver enzymes	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	11
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	6

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Suspicious palpable mass found on exam	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	4
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	2
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General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Jamie is Insisting to speak to a clinical review staff

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; palpable abdominal mass found on an exam

1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; previous CT scan done back in June 29, 2016, showed a mass of rectum region, this is a follow up exam,</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases</p>	8
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.</p>	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	3

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.;

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; ABDOMINAL PAIN AND HISTORY OF TUMOR

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; CONSTANT ACHE WITH BOWEL OBSTRUCTION, IN REMISSION (HISTORY OF COLON CANCER WITH RESECTIOPN AND CHEMO 09/2015) BUT NOW HAVING ABDOMINAL PAIN AGAIN.

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow to treatment

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow up 20 years out...

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow up of other lymphatic and hematopoietic tissues. It began years ago. It is of severe intensity. Prior work-up has included multiple meningiomas removed in the past from her brain and now with apparent mets to her lungs.

1

General/Family Practice

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; History of Present Illness: 1. Soft tissue swelling  The severity is moderate and has improved. The swelling is constant. The patient denies any history of trauma. The swelling is aggravated by standing and walking. The patient had a good response to

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; hx of malignant neoplasim of RT eye. Test is required for her to have annually to make sure it has not spread. This cancer is known to reoccur in this area.

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; lesion on liver with ultrasound

1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; PT is still complains of painultrasound was normal</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma</p>	5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; pt is having generalized abdominal pain and right pelvic pain. The pain orginally started May 2016 after a fall. on Ultra sound it showed 4.4 cm soft tissue hematoma. PT is still having pain and it is recommendd by readiologist if not better in 4-6 months</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma	2
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	To possibly find 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	UNKNOWN; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2002; There has not been any treatment or conservative therapy.; Pelvic pain abdominal pain bilateral groin pain	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2016; There has been treatment or conservative therapy.; R/O tumor; Bland diet, increased liquids, ultrasound, hyperechoic area in left lobe of liver	1
General/Family Practice	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.	1

General/Family Practice	Approval	74181 MRI ABDOMEN	Abnormal CT scan; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2016; There has not been any treatment or conservative therapy.; Adrenal nodule found on previous imaging	1
General/Family Practice	Approval	74181 MRI ABDOMEN	Findings; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	has a hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; feelins like she has been kicked by a horse; surgery	1
General/Family Practice	Approval	74181 MRI ABDOMEN	L upper quadrant pain and side pain, getting worse and worse and they are trying to check It out; 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

General/Family Practice	Approval	74181 MRI ABDOMEN	MD preformed ct of abdomen pelvis w contrast, requested for an MRI to be preformed as soon as possible; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 1 month; There has not been any treatment or conservative therapy.; generalized weakness, decreased appetite/oral intake, decreased urination	1
General/Family Practice	Approval	74181 MRI ABDOMEN	Patient had abnormal ct .; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	PATIENT HAD ABNORMAL CT ABDOMEN/PELVIS THAT SHOWED 2 LESIONS IN SPLEEN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	Patient with recent abnormal Abdomen/Pelvic Ct showing multiple hypodense kidney lesions. Radiologist recommended MRI Abd/Pelvis to more fully characterize lesions and determine if cystic neoplasm.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Approval	74181 MRI ABDOMEN	Short of having an invasive procedure, several treatments and diagnostic tools have been used to determine the origin of the pain in this patient with no complete resolution of pain.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient first seen for this complaint back in January 30, 2015. Continues to have complaint of occasional pain . Patient had UltraSound and CTAb/Pelvis in 2015 .; There has been treatment or conservative therapy.; Persistent left lower quadrant abdominal pain.; Patient has had pain medications, change in Birth Control methods, Imging, Carafate and prevacid medications and antibiotics.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; The patient has not had an IVP.;	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; patient has had a abdominal ct and abdominal ultrasound that showed a lesion on the liver and the ultrasound suggested 6 month f/u with mri with contrast per the radiologist	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; abdominal pain, US demonstrates liver nodule	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; < Enter answer here - or Type In Unknown If No Info Given. >	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; PT HAD AN ABNORMAL LIVER ULTRASOUND.RADIOLOGIST SUGGESTED MRI OF ABD. REPEATED ELEVATED LIVER ENZYMES. NEGATIVE HEPATIC PANEL.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; A recent ultrasound showed a questionable mass on the right kidney and also cortical thinning. We will go ahead and get a MRI of her kidneys and if need be will refer her to nephrologist.she has stage 3 kidney dz.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Abnormal CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; For nodules within the liver parenchyma likely representing benign hemangiomas though not fully characterized at the present time. The lesions visualized on patient's noncontrast CT scan of 31 October 2016; represents 2 of the echogenic nodules visual	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; MRI picked up spot on kidney	1
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General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient had an ultrasound done which revealed a possible liver lesion up to 3.9 cm. It was recommended by radiologist to have a follow up MRI abdomen with and without contrast.	1
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General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Previous abnormal imaging requires further study.	1
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General/Family Practice	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Previously mentioned hepatic lesions seen on ultrasound is not visualized on today's CT of the abdomen. Etiology of this is not clear; findings were very subtle on ultrasound. Further evaluation is needed; MRI may be helpful to try and identify hepatic l</p>	1
General/Family Practice	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; recent CT showed 7mm liver lesion, radiologist requesting MRI</p>	1
General/Family Practice	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; several liver lesions</p>	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; spoke with pt about report will setup mri of the liver to see these and other abnormalities, she verbalized understanding, may need surgery referral pending imaging for functioning adenoma,	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Ultrasound	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient was seen in ER last night and had a CT scan that demonstrated an adrenal mass that needed further evaluation.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had an abdominal ultrasound on 11/29/16, showed possible hepatic mass that needs further evaluation.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; byle duct obstruction	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Due to abnormal CT chest which shows adrenal gland lesion.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; patient had chest ct which showed 4mm lesion in right hepatic lobe radiologist requesting liver MRI	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt has cyst	1

General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt is having a lot of stomach pain. pt has elevated amylase. pt has nausea. pain is worse after eating.	1
General/Family Practice	Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/30/2016; There has been treatment or conservative therapy.; Pt is having pain in the abdomen and pelvis area; Pt had a CT and showed a mass on her liver	1
General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	This is a request for a MR Angiogram of the abdomen.	1
General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	9
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< 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
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; 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
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	abnormal mammogram that has a suspicious mass found so needing additional views, trying to rule out breast cancer; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Abnormal mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Family history of breast cancer: -mother diagnosed at age 59; -paternal aunt diagnosed at age 58; -female cousin diagnosed at age 38; Lifetime risk is 35.6% using the Tyrer-Cusik model.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	LUMP IN BREAST AND PRIOR RADIATION DUE TO HODGKINS; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Newly diagnosed ductal carcinoma in-situ of the right breast. Requested for evaluation of extent of disease prior to treatment.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>Patient's deceased mother was diagnosed with breast cancer at age 35. Her lifetime risk for getting breast cancer is 20.1%. The probability of her having BrCa 1 gene is 0.77%, and BrCa2 gene is 0.97%. Thank you, Julie; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).</p>	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>PT DIAGNOSED WITH RT BREAST IDC 12152016; 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.</p>	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	THERE IS A PERSISTENT AREA OF ARCHITECTURAL DISTORTION AND ASYMMETRIC BREAST TISSUE NEAR 7 O'CLOCK OF THE BREAST 6.5 CM DEEP TO NIPPLE. MALIGNANCY CAN NOT BE EXCLUDED.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	2

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	3
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Tyer-Cuzick Score is 22%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	while she does not have 2 first degree relatives, she does have a mother who was diagnosed at age 42(premenopausal)which increases her risk significantly and a paternal grandmother diagnosed at age 50.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
General/Family Practice	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1
General/Family Practice	Approval	77084 Magnetic resonance imaging, bone marrow blood supply		1
General/Family Practice	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an MRI Bone Marrow.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are no new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain radiating down left arm and up left side of neck, chest heaviness occurring with activity; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST X-RAY RESULTS UNREMARKABLE, BMP NORMAL, TRIPONAN NEGATIVE, D-DIMMER NEGATIVE; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>CP - at time of CP she was at work, and once resting on couch, Left sided, radiates up jaw and face. Movement makes pain worse. ; Has been to the ED with chest pain a couple times.; ; Baseline EKG: Normal sinus rhythm without acute changes. Early ; re; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Had Stress test but is still having episodes; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>History of hypertension, SD depression on multiple leads on the EKG, cervical cancer, shortness of breath due to COPD, hyperlipidemia. Chest pain and discomfort.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	labor abnormal ekg normal chest xray normal; The patient is not diabetic.; The patient is less than 45 years old.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Member had 2 abnormal EKG; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	palpitations, abnormal st wave; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient has been having occ chest pain for 1 week. having left jaw pain and left arm pain, with heaviness in chest.; patient had echocardiogram complete with results of 1. Trace Tricuspid valve regurgitation & 2. Left ventricular diastolic dysfunction gr; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>pt has abnormal EKG, need MPI to eval. cardiology could not do stress echo b/c of abnormal EKG.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; It is not known if the patient had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	7
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	4

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

General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; 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.	1

General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being 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.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on something other than a diagnostic test, imaging study or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.	1

General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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.	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	eval for possible metastatic disease. pt found to have adenocarcinoma . ----- ----- DIAGNOSIS: Right lung mass CT guided biopsy:  Well-differentiated adenocarcinoma with lepidic and mucinous feat; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	5
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	he is needing it for on going chest pain and the the mass that was found on his lung.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has a lung mass and on going chest pain; There has not been any treatment or conservative therapy.; he primary symptoms are chest pain and neck pain.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	3

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure

1

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.

1

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension

1

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.

1

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

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.

1

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; 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
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	4
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	4

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac 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
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	3

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	2
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	4
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	2
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M- MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M- MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	6
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D +-M- MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Personal history of nicotine dependence; 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

General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	5
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General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	4
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General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	<p>This request is for a Low Dose CT 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.; 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.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The patient has not quit smoking.</p>	1
General/Family Practice	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	<p>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.</p>	1

General/Family Practice	Approval	S8032 Low-dose Computed Tomography 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
General/Family Practice	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	Dr. Kevin Fort, Radiologist, recommended this specific test to be done as the possibility of a small stone causing intrahepatic ductal dilation that can not be excluded without this test.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."; "The patient has neither a documented allergy to iodine-based contrast materials, or a general history of allergic responses."; The patient does not have acute pancreatitis.	1

General/Family Practice	Approval	S8037 mrcp	Need to evaluate CBD dilation 11mm seen on CT, pt with recurrent/chronic N/V and abd pain. CT ABDOMEN PELVIS WWO REVIEW  IMPRESSION: 1. Dilated common bile duct to 11 mm. Mild intrahepatic biliary dilatation. No radiopaque intraductal stone identify; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	recurrent pancreatitis; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	2
General/Family Practice	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1

General/Family Practice	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further evaluation.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	3
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	9

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	3
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; the doctor would rather have a ct before an MRI	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/5/2016; There has been treatment or conservative therapy.; Dizziness, headache; meds, steroids	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks; There has been treatment or conservative therapy.; headaches; medications.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/21/2017; There has not been any treatment or conservative therapy.; dizziness, headaches, weak	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	. history of migraine headaches comes in with the chief complaint of headaches today. She states that over the past few months her headaches are getting progressively worse. She was diagnosed with migraines years ago and had been tried on Topamax however ; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	2

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	8
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is 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.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	32 year old female continues to have frequent headaches that last about 3 days, with double vision, photo and phonosensitivity. Patient not able to tolerate Topamax.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	ABDOMINAL AND CHEST PAIN. LEFT LEG PAIN AS WELL AS WEAKNESS. INTERMINTENT.; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; Weakness in left legs, goes out randomly then comes back, weight loss, 10/2016 was 230lbs and 207lbs as of 12/19/2016, and constipation.; PLAIN FILMS, MEDICATION, CARDIAC EVALUATION, MEDS FOR BLOOD PRESSURE CONTROL, ER VISITS(3 DIFFERENT HOSPITALS) DOPPLER ULTRASOUND OF ARTERIES.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Almost daily headache for the past year.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Along with severe headaches, patient has been experiencing altered mental status, forgetfulness. Dizziness. Neurology is requiring a high tech imaging.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	altered mental status; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Altered sensorium; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Bilateral Carotid US shows mass on Rt side.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/16; There has not been any treatment or conservative therapy.; Dizziness, no LOC. Fell while trying to stand up the other night. Bilateral Carotid US show mass on Rt side.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	cerebral cavernous malformation; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Chronic headaches occurring 2-3 times per week and are worsening. Patient has treated with naproxen without relief. Patient is also experiencing blurry vision and dizziness with headaches. The headaches start in the back of her head and wrap around to bot; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Cluster headaches; throbbing, tightness, piercing/stabbing, lancinating; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	complaining of headaches in the am off and on for the past few weeks; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	continues to have dizziness and syncope x 6 months with worsening symptoms; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>Current Problems: &#x0D; Last Reviewed on 9/28/2016 04:51 PM by Burleson, Savanna&#x0D; Anxiety, generalized &#x0D; Reactive airway disease &#x0D; Tachycardia, unspecified &#x0D; Essential hypertension &#x0D; Surgical menopause &#x0D; Chronic insomnia &#x0D; Hormone imbalance &#x0D; Sinus arrhythmia; This study is being ordered for a neurological disorder.; Initial onset was 2 weeks ago.; There has been treatment or conservative therapy.; body aches, headache and Pt states her throat feels like its going to close up Concerning neck pain, it radiates to the upper back, shoulders, and Pt states it radiates all the way to her feet. The pain is characterized as severe, constant, sharp, pulli; walk in clinic about 2 weeks ago and they gave her ABT and that she does not feel any better..</p>	1
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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>Denby Jade Jester is a 20 y.o. female with a history of Migraine Headaches in the past reports an increased frequency of headaches over the last 3 months. She reports and average of 3 headaches per month over the last 3 months. She described seeing "spots; 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.</p>	1
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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	dizziness severe headache blurred vision; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Dr. Cooper would like to start with a CT scan of the Brain/head with and without contrast for headaches severe as beginner migraines not allevated by ibeuprofen that presents for a long period of time with occasional nausea.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	elevated blood pressure; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
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General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnLight headed.  HPI:  Followup Pt with migraine headache with burning sensation across her forehead. Onset two days ago. This headache has slowly improved some. Denies thunderclap onset. Denies trauma o; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	episodes more frequent, impairs daily activities; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; Severe Claustrophobia is the reason an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	EVALUATE AMNESIA; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	fatigue, headaches for 7 months. Tried meds, and lab tests, and she has no relief.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	FEVER, CHILLS, NAUSEA, VOMITING AND COLLAPSING; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	head injury; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache after Epidural Steroid Injection lasting since April 26th 2016.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache behind the eye , ear; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache X2 weeks. Not improved with pain medication. Worse HA of hi life. Nausea/Vomiting. Light headed.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headaches are back and remaining a pain level of 7. nausea; sleep disturbances (wakes up with headache); This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headaches are not improving after medication and chiropractic treatment.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	history of meningitis.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	History of migraines, worsening and taking triptans more often that do not resolve headache, c/o migraines with orgasm.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	hx of CAD with stents, persistant headache and bp keeps creeping up even with medication 162/105; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	left sided facial weakness; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	left sided head pain that started intermittently, lasts about 40 seconds and states he feels real loopy and dizzy when it happens.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Long term memory and short term memory poor.Talking with pt she reports to me that she has audi/visual hallucinations. She hears voices also.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Loss of balance, UE numbness and tingling.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Major Depressive Disorder and Post Traumatic Stress Disorder; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migraines. Family 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migranes started 7 months ago and last 3-6 hours with vomitting; This study is being ordered for a neurological disorder.; 12/05/2016; There has not been any treatment or conservative therapy.; Back pain, headache, vomiting,	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Nausea, vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one- sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has been treatment or conservative therapy.; h/a, shoulder pain, nausea; meds	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pain is worsening and not relived with conservative treatment.; This study is being ordered for a neurological disorder.; 03/13/15; There has been treatment or conservative therapy.; Right temporal pain, right parietal pain. right jaw pain.; Tramadol started on 08/05/16, does not relieve symptoms.  Bupap started on 10/06/15, does not relieve symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient experiencing numbness/tingling in face and arm.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has a sinus xray that shows obstruction (polyp); 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 something other than screening for aneurysm or AVM, previous stroke or aneurysm or neurological deficits.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has been experiencing migraine headaches and episodes of syncope.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has had a brain shunt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; Headache, blurred vision, sinus issues	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has had a intractable headache for 3 wks just prior to and after nstemi patients brother died of blood clot at age 16 immediate family hx of htn and heart disease; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has jaw pain, lump on neck by jaw line.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has known injury to the head and we are needing this test to send him to the neurologist.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has long history of headaches and seizure activity. Pain medication has not been effective in treating headaches. Continued seizure activity despite 2 medications being used; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has mid line skull asymmetry & recurrent headaches with vomiting; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient has recumbent headaches which are suggestive of recumbent increased cranial pressure, as would be seen with brain tumors in a recumbent position; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient having chronic headache without improvement with prior treatment. Family history of brain aneurysm.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient having persistent headaches. Crescendo type. Family history of Migraines; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient hit his head a couple months ago and he has had a long history of headache to begin with but since he hit his head they have gotten worse.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING FACIAL PAIN WITH FEELING OF THROAT SWELLING. BEEN TO ER AND GOT SHOTS AND MEDS - NO HELP.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having right sided weakness with headaches.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient states he has been off balanced, dizzy, and fatigued for the last 2 months. Patient states he is falling, leaning one direction 99% of the time. Doctor notes abnormal gait and stance, leaning to the left.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient with enlarged lymph nodes. not growing in size. mildly tender.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-2015; There has not been any treatment or conservative therapy.; enlarged lymph nodes	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient's had a complaint of headaches for 10 months dating back to 3/31/16, which hasn't resolved.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient's mother has a history of an aneurysm.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PERSISTANT DIZZINES WITH NO CHANGE WITH PRESCRIPTION MEDS; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; IT WAS NOT APPROVED BY INSURANCE	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Problems with concentration, memory. Concern regarding exacerbation of memory problems.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has a recent onset (past three weeks) of visual disturbance and headache. She has visual field deficits and is seeing bright spots and "stars" in her vision. She then gets a headache behind her left eye generally. This is keeping her from being able to; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has also has pain, pressure, and cough. Pt has had a stress echo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2016; There has been treatment or conservative therapy.; dizziness and headaches; Pt was given medication	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has been having chronic/irretractable headaches for approximately 3 1/2 months that have not been relieved with pain medication.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has been through therapy and tried medications, she has no relief and needing this study to be done; This study is being ordered for Inflammatory/ Infectious Disease.; august 30, 2016; There has been treatment or conservative therapy.; Pt is having abdominal pain on the right side and having headaches with amnesia; physical therapy for 6 wks	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has chronic and severe headaches that none of the migraine medication appear to be helping. The headaches are beginning to affect his work activities.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has had hiccups for 6 to 7 years. Patient said he has spoke with other md's who would not take him serious, he has hiccups when he is sleeping.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT HAS HISTORY OF HEADACHE FOR 2 MONTHS (WORSENING), PAIN IS ON LEFT SIDE; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has reoccurring elevated blood pressures, severe headaches since the concussion occurred.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt is getting severe worsening occipital headaches. She has blurred vision. Relief with Tylenol but always comes back. associated symptoms are nausea, vomiting, photophobia, phonophobia, aura, numbness, tingling, weakness, vertigo, and sometimes confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT IS HAVING RAPID MEMORY LOSS. PT HAS STRONG FAMILY HISTORY OF DEMENTIA/ALZHEIMER'S DISEASE.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt reports that he is having episodes where he completely loses his memory, he leaves home and when he returns he doesn't know where he has been or any details of what has gone on in the days he has been gone. Pt reports that last time he left he was gone; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt suffers with constant headaches chronic.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt was hit with a bat and is now having headaches and dizziness.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt with a syncopal episode with loss of consciousness and fall.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt. came into the clinic stating that she fainted at work on 12/08/2016 and was sent to the ER.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt. has a history of guillian barre syndrome and headaches. Pt. wife states that he has had behavioral changes recently.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt. has headache upon waking and going to bed at night. Pt. has been on medication but hasn't been effective.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt. stated that 2 days ago she passed out and fell while at home. She started "shaking" again. Pt. does have a history of seizures. She has been experiencing fatigue, confusion and disorientation for 1 week with tingling to the right side of her lip.; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	R/O aneurysm, strong family history of aneurysm; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	ringing in ears, blurred vision, vertigo; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	severe headaches. complains of being dizzy and very fatigue. very unsteady on his feet.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	States he can usually tell when he is going to have a seizure, reports he experiences an electrical shock type feeling in his head.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The Pt has mastoid bone tenderness, ringing in ear, pressure, headache,; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	5

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unexplained syncope. Normal blood work up and normal EKG. States "head felt funny" before passing out.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; headache; medication management	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 08/15/16; There has been treatment or conservative therapy.; Patient has neck spasms. Vision change, smell change , tingling of the skin.; Medicine Gabapentim physical therapy	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 12/9/2016; There has been treatment or conservative therapy.; Unknown; Previous imaging	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Vision changes and uncontrolled hypertension; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	vision lost; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	worst headache ever for 17 days.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
General/Family Practice	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1

General/Family Practice	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	infectious disease and inflammation; This study is being ordered for Inflammatory/ Infectious Disease.; 10-25-2016; There has been treatment or conservative therapy.; erythema,swelling and TTP, intranasal with pustule; antibiotic by mouth and topical	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "This 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.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/5/2016; There has been treatment or conservative therapy.; Dizziness, headache; meds, steroids	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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)	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/21/2017; There has not been any treatment or conservative therapy.; dizziness, headaches, weak	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 11/25/2014; There has been treatment or conservative therapy.; CONGESTION, HEAD PAIN, tinnitus, hearing changes; ANTIBIOTICS, ANTI-INFLAMMATORIES	2
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune- compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; The sinusitis 12/6/16; The lumbar radiculopathy 8/10/16; There has been treatment or conservative therapy.; Sinusitis: swelling on right jaw line. Reports pain and pressure over the frontal and maxillary sinuses. Palpation of neck reveals abnormalities. There is a less than cm lymph node at the angle of the mandible on the right. Tenderness of sinuses and maxil; The sinusitis: Patient states he has been on over 4 rounds of antibiotics. Medication has been prescribed, Medrol Dosepak and Levaquin. He is also to rest, fluids in altered antipruritics over the counter mucolytics.	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	acute sinusitis; "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.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	ENT recommends CT of sinuses before scheduling appt.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	infectious disease and inflammation; This study is being ordered for Inflammatory/ Infectious Disease.; 10-25-2016; There has been treatment or conservative therapy.; erythema,swelling and TTP, intranasal with pustule; antibiotic by mouth and topical	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	inflammation, severe nasal pain, headache ear 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pain is worsening and not relived with conservative treatment.; This study is being ordered for a neurological disorder.; 03/13/15; There has been treatment or conservative therapy.; Right temporal pain, right parietal pain. right jaw pain.; Tramadol started on 08/05/16, does not relieve symptoms.  Bupap started on 10/06/15, does not relieve symptoms.	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had a brain shunt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; Headache, blurred vision, sinus issues	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has also has pain, pressure, and cough. Pt has had a stress echo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/18/2016; There has been treatment or conservative therapy.; dizziness and headaches; Pt was given medication	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; headache; medication management	1
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General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca; There has been treatment or conservative therapy.; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca	1
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General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral Carotid US shows mass on Rt side.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/16; There has not been any treatment or conservative therapy.; Dizziness, no LOC. Fell while trying to stand up the other night. Bilateral Carotid US show mass on Rt side.	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for neck soft tissue CT.; 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.	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS A HX OF BREAST CANCER AND HAS PRESENTED WITH MASS IN SHOULDER/NECK AREA.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Right supraclavicular lymphadenopathy. Unknown renal cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	2
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 08/15/16; There has been treatment or conservative therapy.; Patient has neck spasms. Vision change, smell change, tingling of the skin.; Medicine Gabapentin physical therapy	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain that radiates; Pain medication	1
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	7

General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MRI: Pt c/o neck pain 9/2016.; CTA: Pt c/o lump on left side of neck 10/2016.; There has been treatment or conservative therapy.; MRI: Pt c/o neck pain and tension headaches that radiate from neck.; CTA: Pt has palpable lump on L side of neck and c/o trouble swallowing.; MRI: Pt has been receiving Mobic & Hydrocodone with no change in symptoms. We are requesting MRI to determine cause of pt's neck pain.; CTA: Pt had an Upper GI series done on 10/17/16 which did not determine cause or indications of lump. We are requesti	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	follow up to abnormal cta 5 yrs ago ;, This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has not been any treatment or conservative therapy.; don't know	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/16; There has not been any treatment or conservative therapy.; ha fever nausea stiff neck	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; It is not known if there has been any treatment or conservative therapy.; blurred vision facial pressure	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is 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.;	1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/08/16; There has been treatment or conservative therapy.; Decreased range of motion, joint pain, joint stiffness. Patient can not lift her above her head, she can not move it at all. Neck pain , neck stiffness, can't turn her neck.; Patient has done physical therapy. and patient has had a xray	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	chronic neck pain; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	History of Neck cancer.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; Pt suffers with shoulder pain with movement, swelling and palpitations. Radiates for neck to shoulder. Pt has history of neck cancer.; NSAIDs	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient has chronic neck pain with no relief from medication or physical therapy.; "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
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Patient has had no relief from pain using conservative methods.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain Limited ROM Muscle Tenderness; Physical Therapy Nsaids Xray	1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	This is a request for a sinus MRI.; This study is 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
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2-3 days ago; There has not been any treatment or conservative therapy.; vision changes, dizziness, vertigo, loss of vision in right eye, headache	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; Pt has headaches and memory loss , Vertigo and vision changes .; Medication for headaches	1

General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2016; There has not been any treatment or conservative therapy.; VISUAL DISTURBANCE, NEAR SYNCOPAL EPISODE, DIZZINESS, LIGHT HEADEDNESS	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	3
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is 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
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient is experiencing dizziness.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Headache, neck stiffness, weakness, tremors and shaking.; Injections	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/18/2016; There has been treatment or conservative therapy.; face numbness tingling burning in arm neck pain right shoulder pain; injections	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/16; There has not been any treatment or conservative therapy.; ha fever nausea stiff neck	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; It is not known if there has been any treatment or conservative therapy.; blurred vision facial pressure	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.;	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 2-3 days ago; There has not been any treatment or conservative therapy.; vision changes, dizziness, vertigo, loss of vision in right eye, headache	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; October 2016; There has been treatment or conservative therapy.; ; Patient is on a treatment of norco for knee pain already	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; patient is having persistent headaches and now arm numbness and pain.; There has been treatment or conservative therapy.; recurrent headaches that are worsening in her occipital area for months and also now new numbness in bilateral arms.; Patient has tried ultram for the pain	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; She also complains that at time she's pins and needles sensations in her lower legs and hands bilaterally. At times she feels like she can't move her foot properly. She wants to take a step but the foot just doesn't want to come up off the floor. She's ha; There has been treatment or conservative therapy.; Patient reports that she's been having right buttock and hip pain with radiation down the right leg for the last several months. 4 nights ago she's lost power in her lower leg resulting in her following down onto her right buttocks which is exacerbated he; Lyrica  Tramadol Savella Plaquenil Home Exercises	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2014; It is not known if there has been any treatment or conservative therapy.; Headaches, Daily nucha to pancephalic headaches getting worse with neck pain and grinding, Abdominal Pain	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Back pain started on 10/13/16. Headaches have been going on since childhood but the last headache on 10/16/16 had blurry vision which is a new symptom; It is not known if there has been any treatment or conservative therapy.; Lumbar and sciatic pain. Occipital Headaches with blurred vision	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2016; There has been treatment or conservative therapy.; Extreme parasthesia and gait changes; Patient had 5 weeks of physical therapy. NSAID's, muscle relaxants, and steroids.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	blood pressure extremely high; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DIZZINESS;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Duration of Symptoms: Start: 08/27/2016  Physical Exam Findings: numbenss in left arm and leg and has head pressure. comes on randon with decreased mobiltiy on the right side. R/O:PSEUDOTUMOR Notes stable followed by Dr. Vanderbirsh for eye pr; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given; Worsening headaches. Failed 3 medications. Persistent headache now for several weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EPISODES WITH PASSING OUT AND VOMITING. EPISODE ON 12/06/2016 AND ONE IN JUNE 2016.; 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FACE NUMBNESS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FAMILY HISTORY OF ANEURYSM OF ARTERY; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He is having some grip weakness in both upper extremities, and I suspect lower as well. This is also intermittent. Neurological exam reveals the movement disorder, described by neurology as a chorea. Sensation, and circulation are intact to all of the ext; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Headaches on/off x 1 month. Went to a walk in clinic, they told her to take Ibuprofen. Took 2 ibuprofen and the headache improved but still feels a fullness and pressure over forehead and eyes. Had sore throat last week which has resolved. Diagnosed ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of Present Illness: 1. multiple issues tripped at home 11/13/16 and fell forward on hands and right great toe bent back. Right great toe pain. also right side of neck feels tight. Diazem is helping. Using Menthyl and Camphor homeopathic oin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2016; There has been treatment or conservative therapy.; History of Present Illness: 1. multiple issues tripped at home 11/13/16 and fell forward on hands and right great toe bent back. Right great toe pain. also right side of neck feels tight. Diazem is helping. Using Menthyl and Camphor homeopathic oin; MEDS	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Imaging needed for possible spinal injection. Patient is scheduled for upper extremities; This study is being ordered for a neurological disorder.; June 2016; It is not known if there has been any treatment or conservative therapy.; Severe muscle spasms new in his arms where his biceps and hands "lock up" feels now happening throughout his body.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In regard to the h/a, the location is primarily left temporal, pain radiates to the left side of neck, she has had H/A prior to this but they have been of a different character, past h/a are described as moderate severity. Associated symptoms include Left; This study is being ordered for a neurological disorder.; 10/04/2016; There has been treatment or conservative therapy.; LUE hemiplegia and vision disturbance, chronic headache but this time more intense, more severe.; Maxalt 5mg, Cymbalta 60mg, hormone Cenestin was adjusted.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Looking for new active plaques; This study is being ordered for a neurological disorder.; diagnosed with MS in 2010  worsening paresthesia in last 6 months; There has been treatment or conservative therapy.; patient has lost sensation in feet, tongue, right hand, and abdomen; Patient is on Rebif	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Memory impairment and speech difficulty; This request is for a Brain MRI; The study is NOT being requested 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss, headaches, and behavior changes worsening after head injury 2 years ago. Sees psychiatrist and they recommended neurology evaluation; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; memory loss, headaches, and behavior changes worsening after head injury 2 years ago. Sees psychiatrist and they recommended neurology evaluation	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory problems dizziness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA, lower back pain and headache; This study is being ordered for trauma or injury.; 10/16/2016; There has been treatment or conservative therapy.; Progressive lower back pain with sciatica, headache; Medications	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 12/7/2016; There has not been any treatment or conservative therapy.; migraines, numbness in arms and shoulders	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling to bilateral extremities, history of brain bleed; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pain; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>palpitations with dizziness vomiting and nausea since June 2016 has seen cardiologist; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been experiencing intractable nausea and vomiting for over a month. She has been referred to a GI doctor and had a colonoscopy, with no cause for her nausea and vomiting identified. GI suggested a neurology referral, which we have submitted, b; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having memory loss with cognitive impairments since 2012. No improvement. Patient has a brain injury along with headaches and fatigue; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Patient has a brain injury along with fatigue and headaches. Patient also has memory loss with cognitive impairments.; Patient is being referred to Neurology	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient having dizziness x 8 days - took steroids and meclizine and did not help; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having blurred vision and dizziness with headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having hallucinations and altered mental status and needs further assessment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING PROBLEMS WITH MEMORY AND IS SHOWING SIGNS OF DEMENTIA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with dizziness and falls. Normal labs and holter monitor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had non contrast MRI to evaluate unequal pupils. There was an abnormality noted and the radiologist has recommended an MRI with contrast for further evaluation.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been going to specialists without relief. he has used tramadol. He feels as if his legs are heavy.; This study is being ordered for a neurological disorder.; oct 2015; There has been treatment or conservative therapy.; Pt has abnormal gait. Severe ongoing pain in L leg.; Pt has been on medications. Home exercises. Ice and heat.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is smelling smells that are not present. Pt is having headaches with no relief from OTC medication. Patient had a 4 wheeler wreck in Sept. 2015. He is having dizzy spells @ times.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a "thunderclap" or the worst headache of the patient's life.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. came into the clinic on 12/20/2016 stating that he is having issues with balance. He complained of dizziness. Deviation to the right eye was noted on exam; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Recurring headaches, not relieved by medications, episodes of nausea and visual changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Re-occurring headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rule out Multiple sclerosis; This study is being ordered for a neurological disorder.; Mr. REAGAN presents with paresthesia.. Complains of numbness and tingling right side of face and right arm. Onset one week ago. Sx wax and wane in severity. Sx right facial, right neck, arm, hand and right Anterior chest No trauma , headaches. Had sim s; numbness reoccurring tingling in extremities and face past year. right side; sleep study, physical therapy, at home therapy	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see Scanned Office Visit; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	short term memory 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2016; There has been treatment or conservative therapy.; Patient has pain that radiates to her arm, head ache, and facial numbness.; Medication, sent to a cardiologist, and gastroenterologist.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 04/17/2015; There has been treatment or conservative therapy.; back pain, muscle weakness left leg and foot pain; Headache, daily bitemporal HA associated with vision change and N/V; treated with medication	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; New daily persistent headache and asymmetrical hearing loss of left ear; Tylenol	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/24/2016; There has not been any treatment or conservative therapy.; VISUAL DISTURBANCE, NEAR SYNCOPAL EPISODE, DIZZINESS, LIGHT HEADEDNESS	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/16; There has been treatment or conservative therapy.; Pt has headache and lumbar radiculopathy; medication	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for 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	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016; There has not been any treatment or conservative therapy.; pain	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-16; There has not been any treatment or conservative therapy.; back pain	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections and PT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for 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.	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/22/16; There has not been any treatment or conservative therapy.; abdominal pain after surgery, chest pain	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has abdominal and chest pain with SOB. She had chest film done that showed nodules in the left lobe. Recommended CT chest without contrast for further evaluation. She had abdominal CT 3 months ago that recommended repeat in 3 months due to nodule ; There has not been any treatment or conservative therapy.; Abdominal pain, SOB, Heaviness in chest, sweating.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	1.8cm nodule on right 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	ABDOMINAL AND CHEST PAIN. LEFT LEG PAIN AS WELL AS WEAKNESS. INTERMITTENT.; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; Weakness in left legs, goes out randomly then comes back, weight loss, 10/2016 was 230lbs and 207lbs as of 12/19/2016, and constipation.; PLAIN FILMS, MEDICATION, CARDIAC EVALUATION, MEDS FOR BLOOD PRESSURE CONTROL, ER VISITS(3 DIFFERENT HOSPITALS) DOPPLER ULTRASOUND OF ARTERIES.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abdominal symptoms discussed, PPI started. CT ordered for further evaluation. Patient to proceed to the ER should his condition worsen. Consider GI should symptoms persist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient here for evaluation of abdominal pain. He notes his symptoms have been present for the last couple weeks and seem to be getting worse. He notes the symptoms are worse when he lays down and will improve after he eats. He has had some bouts of diarr; There has been treatment or conservative therapy.; Patient here for evaluation of abdominal pain; medication given	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest pain and weakness normal exam; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest xray on 9/13/16 showed linear scarring or pleural thickening in the minor fissure. Requesting further imaging to rule out mesothelioma and/or asbestos.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chronic cough, hyponatremia, elevated CRP.; 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Continued chest pain and tingling down Lt arm; brain ct done in ER to r/o cva; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up three month on a ct; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	For abnormal abdominal XRAY. Patient has reocurent chest pain, for 1 week. 11/17/16 mdo visit with severe chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	having abdominal pain, and abdominal distention, low back pain with left leg pain and weakness, can not lift leg or stand for any lenght of time, loss of appetite; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Right side rib pain for 2 years. NO improvement after physical therapy. Has also tried meloxicam, OTC NSAIDS, and is currently taking Celebrex.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	2
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>It is not known if there is radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; unknown.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	middle aspect of the left lung with granulomatous area, with the pain being on the same side as the abnormality on xray and history of working in Chicken Houses, will order a 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PA & lateral chest x-ray reveals a right pleural effusion that appears loculated especially posteriorly & laterally. Lungs are hyperexpanded.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT FELT A POP IN HER LOWER RIB AREA. SHE IS EXPERIENCING PAIN IN HER UPPER ABDOMEN SINCE SHE FELT THE POP; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT HAS A HX OF BREAST CANCER AND HAS PRESENTED WITH MASS IN SHOULDER/NECK AREA.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Patient has abnormal blood cell count and abnormal labs. Possible infection due to worsening abdominal pain and shortness of breath; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2/16; There has been treatment or conservative therapy.; Patient has been having worsening cramping abdominal pain for 2 months. She has also had onset of shortness of breath. She has an elevated white blood cell count as well as other abnormal labs. Possible infection.; Patient has been given inhalers for the shortness of breath with no relief. Has tried changing diet, has treated constipation with miralax and stool softeners for the abdominal pain with no relief</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>patient has been complaining of a continuous cough. she had some calcifications on her recent chest xray. patient is a 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.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Patient has been having unexplained weight loss for several months now and is eating normally not feeling well and Needs further evaluation to see what is causing this weight loss.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has bilateral neck mass and is very SOB and hx COPD; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has chest swelling and tenderness in chest and right clavicle. Pt is a smoker and has cough. Suspected lung tumor.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT HAS LOSS 10LBS AND IS HAVING DECREASED APPETITE. .; 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has lung nodules and short of breath.Six month check up on Nodules to make sure they are the same.; 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.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has pulmonary nodules/suspicious mass.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has swollen nodule in right axilla area. Present for 1 month, tender to touch, has gotten larger. Need CT to determine next step in treatment; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient having chest pain and abdominal. Patient has had liver mass in past. Ruling out mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is having discomfort of the abdominal and chest. Patient is needs these Ct's preformed dues to shes having pain starting in the Chest and radiating down into the upper abdomen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has not been any treatment or conservative therapy.; Abdominal Pain and Chest pain	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is having left sided breast and chest wall/rib pain. It is tender to the touch, no notable nodules. Per radiology this is the correct tested need.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	patient with enlarged lymph nodes. not growing in size. mildly tender.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-2015; There has not been any treatment or conservative therapy.; enlarged lymph nodes	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Persistent shortness of breath, regular imaging and complete cardiac work up that was negative; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt had a CT of the ABD in June 2015 where the nodule was noted and is recommended to get another CT to monitor the nodule every 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.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT HAS UNEXPLAINED WEIGHT LOSS, HEMATURIA, SYNCOPES. URINARY INCONTINENCE, DEMENTIA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	R/o rib fracture pain over the ribs neg xray failed meds prednisone hydrocodone tylenol ibuprofen; 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	right side chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	screen for 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.; 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.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Shortness of Breath with exertion. Cannot walk for long periods of time without resting ans is short of breath. Current every day smoker. Screening for lung cancer. Xray normal; 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Solitary 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The doctor ordered a ct of chest/thorax without dye; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Enter answer here - or Type In Unknown IfCough noted. Cough has been worse in the past one year. It is associated with dyspnea, clear productive sputum and wheezing. She is unaware of anything that makes the cough worse. Nothing seems to improve the c; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Ongoing cough x 3 months with no relief from steroids, antibiotics, inhalers, updrafts, etc.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is not a known inflammatory disease.; There is not a known tumor.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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 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.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.; 11/1/2016; There has not been any treatment or conservative therapy.; WEIGHT LOSS, LPD	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	weight loss within last 5-6 months abd pain dysphagia diarrhea nausea elevated white blood count fatigue; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	will fax; 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.	1
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal Chest x ray questionable mediastinal mass vs early infiltrate vs bronchitis.; 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
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Radiology abnormality of chest, patient had upper respiratory infection; 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
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	Possible leaking breast implant; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.	1

General/Family Practice	Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The HTN started in 2016. It is currently stable. Pertinent negatives include chest pain, fatigue, headache and irregular heartbeat/palpitations. Additional information: one month f/u, taking Bystolic 10mg qd, BP still elevated, 170sys at home, no side; This is a request for an MR Angiogram of the chest or thorax	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks; There has been treatment or conservative therapy.; headaches; medications.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; chronic headaches, lower back pain	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; the provider is wanint updated testing on the pt; There has been treatment or conservative therapy.; back pain; medications and therapy	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/12/2016; There has been treatment or conservative therapy.; Patient fell and was having shooting pains from her head down her shoulders. States the pain is worse than the week prior when she came in for an appointment. It is not relieved by medications and rest.; Tramadol, Mobic, tizanidine and augmentin.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Date of initial onset: With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating; This study is being ordered for trauma or injury.; With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating event seems to hav; There has been treatment or conservative therapy.; Date of initial onset: With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating; Chiropractor, Neurologist evaluation, NSaids, diclofenac, Hydrocodone, Ice/heat	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	evaluating for neck and shoulder injury after fall on stairs; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Lymph node enlargement greater than one year; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	need these test at the request of rheumatologist, prior to first visit.; This study is being ordered for a neurological disorder.; 01/06/2016; There has been treatment or conservative therapy.; polyneuropathy, positive ANA, paresthesia.; home exercises, meds, rest, heat, ice.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	pain is having neck pain after hitting his head on the roof of a truck.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been experiencing ongoing neck pain, as well has headaches, for over a year.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has complaints of numbness and pain to shoulder; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has tenderness and increased pain with 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

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Per Radiologist: Radiographically, no evidence of fracture. Slight irregular alignment. CT imaging is more sensitive for subtle or occult fracture in the C-spine. Patient is not able to feel legs and feet and having a burning sensation in her back.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt had x-ray showed ddd of c5-c6, pain since 11-2015 without help from otc; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has left hand weakness with bilateral hand numbness and tingling.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	this patient is in a lot of pain and has had an injury to his neck and cervical spine. we are needing the CT to also send him to the neurologist.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	2
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	UPPER EXTREMITY 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	x-ray showed c7 fracture; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2016; There has been treatment or conservative therapy.; 1. Back pain  Onset: gradual without injury. Severity level is moderate- severe. The problem is stable. It occurs persistently. Location of pain is upper back, middle back and lower back.The patient describes the pain as sharp and throbbing. Context: no ; NSAIDS, PT, MUSCLE RELAXERS,	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/12/2016; There has been treatment or conservative therapy.; Patient fell and was having shooting pains from her head down her shoulders. States the pain is worse than the week prior when she came in for an appointment. It is not relieved by medications and rest.; Tramadol, Mobic, tizanidine and augmentin.	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Date of initial onset: With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating; This study is being ordered for trauma or injury.; With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating event seems to hav; There has been treatment or conservative therapy.; Date of initial onset: With regard to the neck pain, the location of discomfort is posterior. It radiates to the right arm. The pain is characterized as moderate in intensity, constant, dull, and cramping. Initial onset was 6 months ago. The precipitating; Chiropractor, Neurologist evaluation, NSaids, diclofenac, Hydrocodone, Ice/heat	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Mass on back; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	need these test at the request of rheumatologist, prior to first visit.; This study is being ordered for a neurological disorder.; 01/06/2016; There has been treatment or conservative therapy.; polyneuropathy, positive ANA, paresthesia.; home exercises, meds, rest, heat, ice.	1

General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; chronic headaches, lower back pain	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	2

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/10/2016; There has been treatment or conservative therapy.; 1. Back pain  Onset: gradual without injury. Severity level is moderate- severe. The problem is stable. It occurs persistently. Location of pain is upper back, middle back and lower back.The patient describes the pain as sharp and throbbing. Context: no ; NSAIDS, PT, MUSCLE RELAXERS,	1
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General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca; There has been treatment or conservative therapy.; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca; HPI: 27 y.o. male presents with a ER f/u from NorthWest Springdale on 11/6/16. No records available for review. He will sign release of information today at the front for requests of these. On the same day he developed neck spasms in the afternoon that ca	1
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General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Enter answer here - pain meds, ns aids and specialist have been done with no relief.rheumatolgy; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - 9/2/16; There has been treatment or conservative therapy.; Describe primary symptoms here - chronic hip, back and knee pain; Describe treatment / conservative therapy here - regular exercise and pool therapy	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	low back pain, and pelvic bone pain.; This study is being ordered for trauma or injury.; pt has been having back pain off and on for a while now but on 9/14/16 she had a mva which made this pain worse,; There has been treatment or conservative therapy.; 9/10 PAIN  3/10 ON DAILY BASIS LOW BACK PAIN RADIATES AROUND TO PELVIS WHERE SHE HAD HYSTERCOMY 8 YEARS AGO. STATES WHERE THE INCISION IS IS NUMB BUT WHEN PRESSES ON IT HAS PAIN.; pt was given pain medications as well as a muscle relaxer	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	need these test at the request of rheumatologist, prior to first visit.; This study is being ordered for a neurological disorder.; 01/06/2016; There has been treatment or conservative therapy.; polyneuropathy, positive ANA, paresthesia.; home exercises, meds, rest, heat, ice.	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Patient was involved in a head on MVA on 10/10/16.; This study is being ordered for trauma or injury.; Patient was involved in a head on collision on 10/10/16; It is not known if there has been any treatment or conservative therapy.; Severe back pain and pelvic pain that has no relief	1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	R/O lesion of bone; Determine cause of radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pt is c/o of low back pain with radiculopathy to the RLE. She also states that with certain movements her "hips become dislocated" and she has difficulty with ambulation when this occurs.; Pt has been treated with steroids, muscle relaxers, NSAIDS, and pain medications. She has also been using heat, massage, and stretching, as well as, modified ADLs.	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	repeat CT thoracic and lumbar spine to reassess fracture; This study is being ordered for trauma or injury.; 11/10/2016; There has been treatment or conservative therapy.; mid back and lower back pain; ASPEN brace and po pain medication hydrocodone 5/325 PRN for pain	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	1

General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is 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.	6
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Pain that radiates; Pain medication	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; < Document exam findings>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness and tingling in the arm and weakened 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right sided weakness; decrease ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; Steroids, muscle relaxers, NSAIDS, prior neck surgery	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; 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.; anti inflammatory	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This 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 >;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; thoracic and neck pain, headaches.; pain mgmt., pt, medications	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/23/2016; There has been treatment or conservative therapy.; numbness, pain, and radiculopathy; medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Headache, neck stiffness, weakness, tremors and shaking.; Injections	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/3/16; There has been treatment or conservative therapy.; Chronic back pain Numbness & tingling arms/legs; Ibuprofen otc 7/1 PT for 10wks 7/1	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10-25-2016; There has been treatment or conservative therapy.; Numbness and pain; Steroids	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/18/2016; There has been treatment or conservative therapy.; face numbness tingling burning in arm neck pain right shoulder pain; injections	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; April 18, 2016; There has been treatment or conservative therapy.; Low back pain with Sciatica Neck pain w/ hand numbness; Medication XRays	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; pain, muscle spasms, tenderness and depression; medications and physician directed exercises,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	5
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/14/2011; There has been treatment or conservative therapy.; radiculopathy; pain medicine, physical therapy	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/25/2016; There has been treatment or conservative therapy.; pain numbness in leg; medication, abnormal CT scan	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/09/2015; There has been treatment or conservative therapy.; pain; back brace	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2014; There has been treatment or conservative therapy.; low back pain and neck pain; pt- completed back in 2014	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; mbr has pain In lower pain and upper pain in back; mbr has had medication	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; progressive neck pain, numbness, radicular symptoms left leg, limited rom	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5yrs ago; There has not been any treatment or conservative therapy.; pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has not been any treatment or conservative therapy.; Chronic pain with weakness , tingling in hands	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; Low Back pain , pain radiates to buttocks , neck pain radiates to shoulder; Medication (anti Inflammatory)	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2016; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN AND NECK PAIN , MUSCLE SPASMS , LIMITED RANGE OF MOTION ,; OVER THE COUNTER PAIN MED , IBPROFEN HOME EXCERISE	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; 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 >;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; pain; physical therapy/rheumatology	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; shoulder pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain that radiates to L side; muscle relaxants	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/25/2016; There has been treatment or conservative therapy.; Meds; xray	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/28/2016; There has been treatment or conservative therapy.; Pain and numbness to back and arms; HEP and meds	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11-29-16; There has been treatment or conservative therapy.; cervicalgia, low back pain; chiropractor, steroids	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 weeks; There has been treatment or conservative therapy.; mbr trauma 4 weeks ago and is having neck and shoulder pain; medication	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; back and neck pain, can hardly bend or stand for too long, hurts to lift things; physical therapy	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMBNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND; This study is being ordered for trauma or injury.; new pt to us but this has been going on for several months; It is not known if there has been any treatment or conservative therapy.; PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMBNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck pain: Patient has a 2 month history of right cervical neck pain. Her pain has been exacerbated and worsened after a 500 mile bike ride over the last 2 days. She has pain in the right anterior neck long as SEM with radiation down into the upper chest ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L shoulder/neck pain, numbness in fingers, tender to palpation, ROM very uncomfortable, weakness; Has tried at home physical therapy, OTC pain meds/anti inflammatories, diclofenac, flexeril, prednisone, pain meds; pain has worsened and she has new sx w/ n; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck pain, bone spur on the left lateral cspine. tramadol is not helping and has swelling on that side. weakness and parathesias left arm. chiropractor with partial improvement. left lateral cervical spine is tender. He has some soft tissue swelling on the ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; October 2016; There has been treatment or conservative therapy.; ; Patient is on a treatment of norco for knee pain already	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; over two years ago(2014); There has been treatment or conservative therapy.; neck pain; shoulder pain; lumbar back pain; numbness/tingling arms; cold sensation in finger tips; discoloration in finger tips; burning/numbness in legs; patient was taking pain medicine and muscle relaxers in 2014 and 10/13/2016	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; patient has neck and back pain and some pain going down his legs; There has been treatment or conservative therapy.; back and neck pain, pain in leg; naproxen, soma, ultram	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; patient is having persistent headaches and now arm numbness and pain.; There has been treatment or conservative therapy.; recurrent headaches that are worsening in her occipital area for months and also now new numbness in bilateral arms.; Patient has tried ultram for the pain	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; She also complains that at time she's pins and needles sensations in her lower legs and hands bilaterally. At times she feels like she can't move her foot properly. She wants to take a step but the foot just doesn't want to come up off the floor. She's ha; There has been treatment or conservative therapy.; Patient reports that she's been having right buttock and hip pain with radiation down the right leg for the last several months. 4 nights ago she's lost power in her lower leg resulting in her following down onto her right buttocks which is exacerbated he; Lyrica  Tramadol Savella Plaquenil Home Exercises	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/16; There has not been any treatment or conservative therapy.; pain	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2014; It is not known if there has been any treatment or conservative therapy.; Headaches, Daily nucha to pancephalic headaches getting worse with neck pain and grinding, Abdominal Pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-23-15; There has been treatment or conservative therapy.; Neck pain for four months, bilateral hand/arm numbness and tingling, new onset headaches.; NSAIDS, Medrol Dose Pack, Chiropractor, Naproxen.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 18, 2016; There has been treatment or conservative therapy.; pain in neck and shoulder, limited range of motion in both; Physical therapy, ibuprofen, flexeril, and tramadol	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MRI: Pt c/o neck pain 9/2016.; CTA: Pt c/o lump on left side of neck 10/2016.; There has been treatment or conservative therapy.; MRI: Pt c/o neck pain and tension headaches that radiate from neck.; CTA: Pt has palpable lump on L side of neck and c/o trouble swallowing.; MRI: Pt has been receiving Mobic & Hydrocodone with no change in symptoms. We are requesting MRI to determine cause of pt's neck pain.; CTA: Pt had an Upper GI series done on 10/17/16 which did not determine cause or indications of lump. We are requesti	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE YEAR AGO; There has been treatment or conservative therapy.; LOW BACK PAIN WITH SCIATICA, NUMBNESS IN EXTREMITIES; NSAIDS, TRAMADOL, ROBAXIN, MELOXICAM	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with us October 2014 and has had back pain since then; There has been treatment or conservative therapy.; Patient is having worsening back pain; Patient has been to physical therapy and done weight loss to try to help. Patient has tried the medicine Tramadol to help with pain as well	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown, first visit with us 11/30/2016; There has been treatment or conservative therapy.; Radiculopathy and low back pain; Tylenol #4 and Zanaflex prescribed	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	6
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No InNo Given  AT HOME EXERCISE AND PERSCRIPTION MEDICATIONS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Enter date of initial onset here - or Type In Unknown If No Info Given  07/16/2016	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10/05/2016; There has been treatment or conservative therapy.; NECK PAIN  LOW BACK PAIN; HEAT, REST, ROBAXIN, TRAMADOL	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2 weeks ago; There has not been any treatment or conservative therapy.; joint pain and tenderness, tingling sensation and numbness is upper extremities	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 9/2016; There has been treatment or conservative therapy.; EXTREME BACK PAIN, EXTREME NECK PAIN SINCE LUMBAR INJECTION; HOME PT, STEROID INJECTIONS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; MVA Nov 8, 2016; There has been treatment or conservative therapy.; Neck pain shoulder pain decreased ROM; Medication Sling CTs showed DDD, no fxs	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3. Cervical radiculopathy - M54.12  4. Thoracic degenerative disc disease - M51.34  5. Lumbar degenerative disc disease - M51.36; This study is being ordered for a neurological disorder.; cervical radiculopathy; It is not known if there has been any treatment or conservative therapy.; MUSCULOSKELETAL: lumbar paraspinal tenderness, tenderness of the cervical andthoracic spine as well.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Assessment:  1. Arthralgia of right knee - M25.561 (Primary)  2. Hyperglycemia - R73.9  3. Chronic osteoarthritis - M19.90  4. Cervical radiculopathy - M54.12  5. Paresthesia of skin - R20.2  6. Anesthesia of skin - R20.0; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c spine xray negative for fracture, no improvement with medication.; This study is being ordered for trauma or injury.; 10/3/2016; There has been treatment or conservative therapy.; pain to bilateral posterior neck area to spinal area and muscular area more to right, pain recreated with ROM of C-spine.  noted mild pain with palpation to base of scalp to posterior scalp area.; robaxin 750mg 1 tab q4h prn	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical pain that radiates; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC PAIN BACK AND NECK PAIN MEDS CAUSING MORE PAIN THAN HELPING MAKING IT WORSE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT SEPTEMBER 2016; There has been treatment or conservative therapy.; PAIN; MEDICINE HOT PAD	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronis neck and chronic 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.; 5-6 years; It is not known if there has been any treatment or conservative therapy.; neck and lumbar pain	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	C-spine and T-spine X-rays show mild scoliosis and moderate degenerative changes including spurring; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/16; There has been treatment or conservative therapy.; Joint pain, muscle spasm, tenderness; Physical Therapy, NSAIDS, and muscle relaxers	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c-spine x-ray showed positive disc changes c4 and c7.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; radiculopathy down both arms. unable to grip with 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT of C-Spine in March 2016 - follow up; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Degeneration of the cervical discs, neck pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diabetic neuropathy, right arm side numbness and tingling, myalgia in lower extremities radiates to toes, feet feel cold and sweaty; This study is being ordered for a neurological disorder.; 9/8/2016; There has been treatment or conservative therapy.; numbness, tingling, burning in extremities; Lyrica, Cymbalta, Xrays showed minimal hypotrophic change, mid interspace narrowing	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - Doctors need to know whats going on with the patient so she can be treated accordingly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - June 2010; There has been treatment or conservative therapy.; Describe primary symptoms here - Body muscle aches and pains; Describe treatment / conservative therapy here - Patient has been on pain medicine for years has also seen pain management specialist.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type Lft Arm pain continues to hurt and has worsened, Pain now in forearm and upper arm Grip Weakness Cervical Spine X Ray Shows spondylitic changes at C4 and C 6. Patients pain level 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has congestive heart failure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/2016; There has not been any treatment or conservative therapy.; Right arm pain Numbness	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has history of DDD to her C-spine and long history of headaches but having increase in pain and has never had headaches that continue for this amount of time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks ago; There has been treatment or conservative therapy.; headaches, neck pain, left arm numbness; ibuprofen, tylenol, hydrocodone	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He is having some grip weakness in both upper extremities, and I suspect lower as well. This is also intermittent. Neurological exam reveals the movement disorder, described by neurology as a chorea. Sensation, and circulation are intact to all of the ext; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He has significant pain in many areas including both shoulders, upper back, jaw, as well as knees and lower extremities. His movement disorder makes ambulating somewhat unsafe, and he is at risk for fall but has 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
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headaches..pain radiating to left arm..neck pain..neck stiffness..degeneration disc; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain elicited by motion causing 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
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of Present Illness: 1. multiple issues  tripped at home 11/13/16 and fell foward on hands and right great toe bent back. Right great toe pain. also right side of neck feels tight. Diazem is helping. Using Menthyl and Camphor homepathic oin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2016; There has been treatment or conservative therapy.; History of Present Illness: 1. multiple issues  tripped at home 11/13/16 and fell foward on hands and right great toe bent back. Right great toe pain. also right side of neck feels tight. Diazem is helping. Using Menthyl and Camphor homepathic oin; MEDS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Imaging needed for possible spinal injection. Patient is scheduled for upper extremities; This study is being ordered for a neurological disorder.; June 2016; It is not known if there has been any treatment or conservative therapy.; Severe muscle spasms new in his arms where his biceps and hands "lock up" feels now happening throughout his body.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In regard to the h/a, the location is primarily left temporal, pain radiates to the left side of neck, she has had H/A prior to this but they have been of a different character, past h/a are described as moderate severity. Associated symptoms include Left; This study is being ordered for a neurological disorder.; 10/04/2016; There has been treatment or conservative therapy.; LUE hemiplegia and vision disturbance, chronic headache but this time more intense, more severe.; Maxalt 5mg, Cymbalta 60mg, hormone Cenestin was adjusted.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In regards to her cervical radiculopathy, it seems she has more numbness in her hands. This is worse with use, such as when she is doing dishes.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; New patient presenting with chronic neck pain. She used to receive injections in her neck from her previous rheumatologist. She requests these injections, however rheumatology will not do them in this area. Will send patient to pain management but a MRI i	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Patient states she had previous MRI cervical spine years ago and it revealed abnormalities. Patient states she has tried multiple injections and pain medication and it has not been successful. She reports simple movement of the neck causes severe pain, f</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Still has some hypersensitivity in right hand also describes some right cervical radicular pain, +spurling right sided +TTP right forearm and hand, she had good results with stellate ganglion block will trial again also MRI C spine consider cervical ESI</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Looking for new active plaques; This study is being ordered for a neurological disorder.; diagnosed with MS in 2010  worsening paresthesia in last 6 months; There has been treatment or conservative therapy.; patient has lost sensation in feet, tongue, right hand, and abdomen; Patient is on Rebif	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss, headaches, and behavior changes worsening after head injury 2 years ago. Sees psychiatrist and they recommended neurology evaluation; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; memory loss, headaches, and behavior changes worsening after head injury 2 years ago. Sees psychiatrist and they recommended neurology evaluation	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Migraine Headaches; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI done April 2015 showed spindle cyst advised to have repeat MRI after braces removed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/3/2016; There has been treatment or conservative therapy.; Pain and parastesis.; Physical Therapy, steroids, and medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and numbness radiating from neck to back to shoulder and arms and fingers; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; alternate cold pack, home back strengthening exercises, f/u	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for a neurological disorder.; 12/7/2016; There has not been any treatment or conservative therapy.; migraines, numbness in arms and shoulders	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 2 yrs ago; There has been treatment or conservative therapy.; Neck pain positive straight leg raise numbness LE limited ROM; Anti inflammatory medication PT x 4 weeks	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; It is not known if there has been any treatment or conservative therapy.; AVM and back pain	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 5/2016; There has been treatment or conservative therapy.; Pt has pain in the neck and lower back Increases when pt moves the neck area. Numbness and tingling in the lower extremities; Muscle relaxers , steroids, and pain meds . Home exercises	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling; This study is being ordered for a neurological disorder.; 9/19/2016; There has been treatment or conservative therapy.; numbness rt upper ext. radiating from back down to the rt lower ext.; Nsaids, steroid injections, PT made it worse.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NUMBNESS; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain wakes her up at night. rates pain 5/10 in back and 8/10 neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient presents with worsening neck and back requiring imaging to determine the source of the pain.; There has been treatment or conservative therapy.; neck pain with radiculopathy and low back pain with radiculopathy.; patient states muscle relaxers made pain worse and 3 visits to a chiropractor did not help.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient had a x-ray done that show intervertebral disk narrowing and numbness and pain going down his right arm; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having dizzy spells when lying down, sitting, or standing. Patient has increased dizzy spells and now states he is having constant neck pain. Patient has decreased ROM secondary to pain. X-ray shows degenerative change C5/C6 and C6/C7 with; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having memory loss with cognitive impairments since 2012. No improvement. Patient has a brain injury along with headaches and fatigue; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; Patient has a brain injury along with fatigue and headaches. Patient also has memory loss with cognitive impairments.; Patient is being referred to Neurology	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has chronic cervical spine and lumbar spine pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient presents with chronic neck and back pain now causing radicular pain into upper extremities.; There has been treatment or conservative therapy.; chronic neck pain with radiculopathy into upper extremities for the cervical spine mri. chronic low back pain for the lumbar pain mri.; patient has tried robaxin, gabapentin, and diclofenac with no relief.</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had prescription medication, injections of Lidocaine and Kenalog, home exercises to rehabilitate, chiropractic treatment, acupuncture treatments, and pain management specialist that gives prescription medication. Patient continues to be in pai; This study is 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 08, 2015; There has been treatment or conservative therapy.; Pain in back and right arm along with numbness and tingling in right arm.; Patient has had prescription medication, injections of Lidocaine and Kenalog, home exercises to rehabilitate, chiropractic treatment, acupuncture treatments, and pain management specialist that gives prescription medication. Patient continues to be in pai</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had right arm numbness and tingling. Patient has underwent conservative treatment since 10/27/2016 with no improvement. Patient states he has been working with chiropractor with no improvement. Patient has history of cervical degeneration as 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.; 10/27/2016; There has been treatment or conservative therapy.; Patient significant cervical and arm pain. The pain radiates down his right upper extremity he reports that the 1st, 2nd, 3rd, and 4th fingers are involved. He has right extremity weakness.; Patient has been working with chiropractor for about 10 visits and has not had an improvement. Patient has had acupuncture therapy as well as manipulation with no improvement. Patient has also tried steroids with no significant improvement. Patient is cur</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has right shoulder 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.; 11/11/16; There has been treatment or conservative therapy.; right shoulder pain; mobic</p>	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient hit head at ballgame on stands, he has had conservative treatment and is still experiencing symptoms of dizziness and neck/shoulder pain; This study is being ordered for trauma or injury.; 09/10/2016; There has been treatment or conservative therapy.; dizziness with neck and shoulder pain; muscle relaxers, nsaid, therapy. steroid	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for cervical and lumbar epidural steroid injections.; This study is being ordered for a neurological disorder.; 10/2014; There has been treatment or conservative therapy.; Mrs. Crumley presents to clinic with a 2 year history of low back pain and 6 month history of lower neck pain causing headaches. Tingling of the posterior right thigh. Neck pain in trapezius extends into both shoulders. Lower back pain radiating to the le; Chiropractic Therapy with Dr. Chris Tate which hasn't offered lasting relief.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is being referred to a neurologist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/2016; There has been treatment or conservative therapy.; Radiculopathy, numbness and tingling on arms and legs, waking up at night with pain, difficulty walking, hx of neck surgery, and hx of spinal stenosis and spondylosis.; Medications, home exercise program.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having headaches and paresthesia (bilateral upper extremity); This study is being ordered for a neurological disorder.; 7/27/2016; There has been treatment or conservative therapy.; Headache, numbness, and tingling to the lower c spine/upper tspine. numbness radiates down the patient's arms and hands.; she was given Baclofen	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was a caregiver, to his recently deceased spouse, for 6 years. Patient states his wife was unable to walk, or bear her own weight, so he frequently assisted her with moving and ambulation. Patient is suffering from chronic neck and lower back pain; This study is being ordered for a neurological disorder.; Cervical spine pain: 3 weeks ago.  Lumbar spine pain: 09/2000; There has been treatment or conservative therapy.; Cervical and Lumbar spine pain, chronic duration. Tingling of both feet, a burning sensation in both legs and feet, numbness of bilateral calves. Neck pain in trapezius. Lower back pain, midline is worse with movement, radiating to the legs, posteriorly o; Chiropractic Therapy-which didn't help.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT WAS A PASSENGER IN AN RV THAT HIT A DEER. PATIENT WAS NOT IN A RESTRAINT AND HIT THE SEAT IN FRONT OF HER. PATIENT IS HAVING NUMBNESS AND TINGLING RIGHT ARM AND SPRAIN OF T SPINE.; This study is being ordered for trauma or injury.; 10/06/2016; There has been treatment or conservative therapy.; PATIENT WAS A PASSENGER IN AN RV THAT HIT A DEER. PATIENT WAS NOT IN A RESTRAINT AND HIT THE SEAT IN FRONT OF HER. PATIENT IS HAVING NUMBNESS AND TINGLING RIGHT ARM AND SPRAIN OF T SPINE.; PHYSICAL THERAPY & NSAIDS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's pain has been worsening. It has been radiating to the arms and legs with tingling and numbness in both hands and feet.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chronic low back pain and neck pain; Last surgery was 3 years ago in back and neck. Patient was on pain managemnet for 1 year. Patient last saw pain management in October 2016.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had abnormal mri in 2013, wanting to see specialist d/t increasing s/s however they require a recent mri; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had long standing neck pain and had injections, possible PT with radiculopathy down into right arm.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pT HAS NUMBNESS IN BILATERAL EXTREMITIES.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The Pt has weakness in arm and leg narrowing of c-45 and c-6y; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has pain noted with palpation to both the posterior scalp area and bilateral posterior neck area to spinal area and muscular area more to the right. pain recreated with ROM of C-Spine; This study is being ordered for trauma or injury.; pt was in a MVA on 10/3/2016; There has been treatment or conservative therapy.; neck and back pain that radiates up and down the back and down bilateral arms.; pt has had medication as well as a course of physical therapy	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having headache with radiation of pain, tenderness to neck with limited range of motion due to pain, ct of head was negative; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. has been complaining of pain since April. Pain is getting worse. Conservative treatment not working.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LUE pain, Neck pain, Numbness at times, LUE weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R posterior neck radiating to R side of neck and collarbone area, aching to sharp pains, reduced ROM, now present over 3 months, no previous similar pain. no injury. eval by PCP with XR thought to be cervical fusion and pt started on NSAID, gabapentin, ; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiates into the low back radiates into left leg; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Cervical & Lumbar pain; chiropratic visits; has taken flexeril	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	rule out Multiple sclerosis; This study is being ordered for a neurological disorder.; Mr. REAGAN presents with paresthesia.. Complains of numbness and tingling right side of face and right arm. Onset one week ago. Sx wax and wane in severity. Sx right facial, right neck,arm, hand and right Anterior chest No trauma , headaches. Had sim s; numbness reoccurring tingling in extremities and face past year. right side; sleep study, physical therapy, at home therapy	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see attached clinicals; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	See Primary Symptoms.; This study is being ordered for trauma or injury.; 11/18/2016; There has been treatment or conservative therapy.; Patient is having back/neck pain. Had an accident on 11/18/2016. She was diagnosed with a Compression Fx of T10. Had an abnormal contrast of the thoracic spine on 11/21/2016. Shows Approximately 20 degrees levoscoliosis of the thoracic spine from T3 throu; Patient takes Gabapentin and has tried cyclobenzapr. NSAIDS	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	shooting pain into left hand and right leg; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; neck pain, mid back pain with numbness and tingling to the upper extremities; prednisone, muscle relaxers, NSAIDS	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The cervical spine had an abnormal appearance, showed tenderness on palpation, exhibited a muscle spasm, and showed pain elicited by right-sided lateral bending at the initiation of movement.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE DOCTOR WANTS TO CONFIRM THAT NOTHING IS BROKEN OR OUT OF ALIGNMENT; This study is being ordered for trauma or injury.; 08/22/2014; There has been treatment or conservative therapy.; SHE IS HAVING SEVERE NECK BACK AND BACK PAIN. SHE HAS DEALT WITH THIS FOR YEARS BUT IT KEEPS GETTING WORSE; PHYSICAL THERAPY	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Gabapentin since 8/10 Soma tid since 8/10	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; none	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was ; This study is being ordered for a neurological disorder.; 15 YEARS AGO; There has been treatment or conservative therapy.; The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was ; The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	6
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	3
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; cervical neck pain; tingling; radiation down arm; muscle spasm; limited range of motion; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for cervical spine MRI; Neurological deficits; Chief Complaints: 1. Left shoulder pain, began to be severe on friday. Denies injury to the shoulder. HPI: Provider Note: Patient comes in today with complaints of left upper shoulder, arm pain. Patient says the pain is been pr; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for cervical spine MRI; Neurological deficits; LEFT SIDE NECK AND SHOULDER PAIN RADIATING DOWN LEFT ARM, SHOULDER NUMBNESS, ON STERIODS AND NSAIDS; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Pt. complaining of constant left arm numbness x3 weeks. Has not had any improvement since last visit on 10/24/16.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; She has failed out patient physical therapy and; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; This patient is having numbness in her fingers. This has been going on for approximately a year and a half. It is worse recently. This numbness is bilateral and is only present in her hands. Xray of cervical spine shows degenerative changes.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	9
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	3

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Patient has tingling in her right thumb, first 2 fingers and hand. Now it has started in left hand in the past week. Has tried steroid and Gabapentin but those did not help.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Shoulder Pain, Mild DJC in cervical region; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Will fax clinical information; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; patient has been taking Tramadol 50 mg tablet	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Pt had xray showed severe DDD.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	3

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; N/A	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; neck pain, chronic unresolved neck pain, PT vs spine surgeon, oral anti-inflammatories with no relief	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; numbness in left arm. x-ray no acute fining.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient with chronic neck pain. Patient has used otc meds as well as a TENS unit a few times per week. Patient also with abnormal c-spine xray.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; pt came to clinic in September with complaints of neck pain x 3-4 months. Had plain films taken that showed degenerative changes. MRI Requested for more detailed exam	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; PT HAS DDD FOUND 2013. NECK PAIN HAS INCREASED IN THE LAST COUPLE OF WEEKS. NOW HAVING CONSTANT HEADACHES. GOES TO THE CHIROPRACTOR. WAS LAST SEE 12/20/16 AND GIVEN A STEROID DOSE PACK	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt has had this issue for awhile now, feeling a burning sensation in her neck and then radiates down to her arms and numbness in the right arm, no h/x of any injury	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; &Enter Additional Clinical Information>	4
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Has been on medication since the 11/10/2016 meloxicam 7.5 ml and had an xray of the neck done on the 10th of November 2016. Went back on 11/30/2016 for the same pain, symptoms were considered worsening. Did hot and cold compresses. Symptoms radiate down	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; neck pain with headache, radiculopathy that radiates to Left arm,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; pt suffers from extreme dizziness in addition to the neck pain. It makes it difficult for her to walk without falling	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; pt. taking medication for muscle spasms	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; She has a history of headaches. She states the headaches have been present over the last few years and are only moderately treated with over-the-counter medications. She has not had any formal workup for these headaches. She notes her last eye exam was le	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.	2

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient has ATV wreck and landed on his back/shoulder in October . Patient has neck pain that radiates into right shoulder. Review of system shows c/spine tenderness, greater trap tenderness, and decrease ROM due to pain.; It is not known if the patient have new or changing neurological signs or symptoms.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient has ATV wreck and landed on his back/shoulder in October . Patient has neck pain that radiates into right shoulder. Review of system shows c/spine tenderness, greater trap tenderness, and decrease ROM. over 6 wks of conservative therapy;; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient seen in clinic on 10-17-16 c/o injury to left arm. Had arm twisted behind her & heard "a pop". Xrays are normal but patients pain has continued with no relief in symptoms. History of rod to left elbow; No, the patient does not have new or changing neurological signs or symptoms.	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Patient sustained a neck injury from domestic abuse. She has been undergoing PT but the therapist has suggested a MRI.; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2016; There has been treatment or conservative therapy.; Patient has pain that radiates to her arm, head ache, and facial numbness.; Medication, sent to a cardiologist, and gastroenterologist.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 NOT had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 7/22/16; There has been treatment or conservative therapy.; Patient is here with complaints of continued neck and back pain, he has been seeing pain management in Texarkana and he was told that the only thing that would help would be for him to have a surgery done by a neurosurgeon, he is a little apprehensive abo; Patient has been to pain management, also has been given Tylenol #4 for pain	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 9/01/16; There has been treatment or conservative therapy.; right leg weakness and pain in lower back and cervical spine region; Anti-inflammatories	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; Patient has history of fibromyalgia. This particular issue started 09/15/2016; There has been treatment or conservative therapy.; Right lower and upper extremity pain with back and neck pain; Patient was previously under pain management for her fibromyalgia. We initiated steroid therapy and neurontin	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Pain, muscle spasms, tenderness and depression,; Medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/2016; There has been treatment or conservative therapy.; ; No improvement with ice, heat, ROM, stretching, massage, OTC pain relivers or gabapentin.	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; Back pain radiating to R leg, numbness and tingling at times on the R leg; Anti inflammatory medication	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/14/15; There has been treatment or conservative therapy.; neuropathy bilateral arm, numbness and weakness in both arms, blurred vision, headaches. muscle spasms in neck; 6 weeks of PT, OTC tylenol	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-6 months; There has been treatment or conservative therapy.; Pt has pain, tightness, edema, and tortolis; anti inflammatory and xrays	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; started several years prior to seeing us; There has been treatment or conservative therapy.; low back pain, neck pain, paresthesia left leg. bilateral arm weakness; pain medication, arthrocentesis of SI joint	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 03/2015; There has not been any treatment or conservative therapy.; sharp pain, decreased mobility	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xrays were done of left shoulder, c-spine, and left clavicle were unremarkable; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; pain to left shoulder with radiation to cervical spine and left arm, constant, but worsens with movement, weakness to left arm, restricted ROM due to pain; muscle relaxers, Nsaids, pain shot, steroid inj	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; multilevel cervical /lumbar degenerative changes c5c6, with foraminal stenosis. scoliosis noted thoracic spine.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; thoracic back pain unrelieved by steroid injection	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This 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.; Twisting in each direction; 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
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; 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.; exercise and core to do everyday	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; thoracic and neck pain, headaches.; pain mgmt., pt, medications	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/3/16; There has been treatment or conservative therapy.; Chronic back pain Numbness & tingling arms/legs; Ibuprofen otc 7/1 PT for 10wks 7/1	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10-25-2016; There has been treatment or conservative therapy.; Numbness and pain; Steroids	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 months ago; There has been treatment or conservative therapy.; BP; medications ,	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; back pain; anti-inflammatory pain medications, PT	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/25/2016; There has been treatment or conservative therapy.; pain numbness in leg; medication, abnormal CT scan	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2/2016; There has been treatment or conservative therapy.; back pain, weakness in both lower extremities; physical therapy, over the counter medication	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has not been any treatment or conservative therapy.; pain,.cramps	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; birth; There has been treatment or conservative therapy.; numbness in left leg/ pain; chiropractor	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Summer 2015; There has been treatment or conservative therapy.; back pain, cant stand of more than 15 min, needs medicine cant live without it light touch hurts, will not bend over; Physical therapy	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; shoulder pain	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/25/2016; There has been treatment or conservative therapy.; Meds; xray	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/28/2016; There has been treatment or conservative therapy.; Pain and numbness to back and arms; HEP and meds	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections and PT	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND; This study is being ordered for trauma or injury.; new pt to us but this has been going on for several months; It is not known if there has been any treatment or conservative therapy.; PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HOME TREATMENT WITH NSAIDS, REST AND HOME EXERCISE WITH NO IMPROVEMENT FROM 9/16/2016; MEDROL DOSE PACK NEURONTIN MOBIC ULTRAM	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; She also complains that at time she's pins and needles sensations in her lower legs and hands bilaterally. At times she feels like she can't move her foot properly. She wants to take a step but the foot just doesn't want to come up off the floor. She's ha; There has been treatment or conservative therapy.; Patient reports that she's been having right buttock and hip pain with radiation down the right leg for the last several months. 4 nights ago she's lost power in her lower leg resulting in her following down onto her right buttocks which is exacerbated he; Lyrica  Tramadol Savella Plaquenil Home Exercises	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; Unknown date of onset.; There has been treatment or conservative therapy.; The thoracic spine showed normal curvature, on palpation revealed tenderness, and exhibited a spasm of the paraspinal muscles. The lumbar/lumbosacral spine exhibited no normal curvature, muscle spasms, showed pain elicited by flexion, by extension, and t; Patient has had physical therapy and medication therapy.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; UPPER BACK PAIN, CHRONIC LOW BACK PAIN WITH RIGHT SIDED SCIATICA; PHYSICAL THERAPY, NSAIDS	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/14/2014; There has been treatment or conservative therapy.; Low back and buttock pain that radiates around the pelvis. At the end of the workday her legs feel very sore and heavy. She works as a custodian and this has been difficult related to back and leg pain. Pain radiates down her legs. If she sits with her le; PT HAS UNDERGONE PHYSICAL THERAPY, NSAIDS, AND HOME EXERCISE AND STRETCHING ROUTINES WITHOUT RELIEF	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/06/2016; There has been treatment or conservative therapy.; Back Pain; At home exercise, Xray, Medication	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/16; There has not been any treatment or conservative therapy.; pain	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2016; There has been treatment or conservative therapy.; Low to midline back pain, shortness of breath, edema; Physical Therapy	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/21/16; There has not been any treatment or conservative therapy.; pt is having worsening atraumatic T and L spine pain she is an immunocompromided HIV pt with diffuse large cell lymphoma currently undergoing chemotherapy	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2016; There has been treatment or conservative therapy.; LOWER AND UPPER BACK PAIN; PT IS SEEING specialist	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; lumbar region pain; pain medications	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; On August 12, 2016 the patient said he had back pain for years, but it had gotten worse 1-2 months prior.; There has been treatment or conservative therapy.; Back pain in the mid to lower back. He describes it as a locking up and a pulling of his muscles out of his back. Has not complained of leg pain.; Patient went to physical therapy in August. Was sent back to therapy early October , but was not able to finish visits.	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient established care with us October 2014 and has had back pain since then; There has been treatment or conservative therapy.; Patient is having worsening back pain; Patient has been to physical therapy and done weight loss to try to help. Patient has tried the medicine Tramadol to help with pain as well	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has been treated since August for back pain see notes attached.; There has been treatment or conservative therapy.; ; pt has been on meloxicam. see att notes	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	9
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Describe treatment / conservative therapy here - or Type In Unknown If No InNo Given  AT HOME EXERCISE AND PERSCRIPTION MEDICATIONS	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Enter date of initial onset here - or Type In Unknown If No Info Given  07/16/2016	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/19/2016; There has not been any treatment or conservative therapy.; Severe back and neck pain with headaches.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 2 weeks ago; There has not been any treatment or conservative therapy.; joint pain and tenderness, tingling sensation and numbness is upper extremities	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3. Cervical radiculopathy - M54.12  4. Thoracic degenerative disc disease - M51.34  5. Lumbar degenerative disc disease - M51.36; This study is being ordered for a neurological disorder.; cervical radiculopathy; It is not known if there has been any treatment or conservative therapy.; MUSCULOSKELETAL: lumbar paraspinal tenderness, tenderness of the cervical andthoracic spine as well.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain that radiates from both flanks to the front of the abdomen.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	c spine xray negative for fracture, no improvement with medication.; This study is being ordered for trauma or injury.; 10/3/2016; There has been treatment or conservative therapy.; pain to bilateral posterior neck area to spinal area and muscular area more to right, pain recreated with ROM of C-spine.; noted mild pain with palpation to base of scalp to posterior scalp area.; robaxin 750mg 1 tab q4h prn	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC PAIN BACK AND NECK PAIN MEDS CAUSING MORE PAIN THAN HELPING MAKING IT WORSE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ABOUT SEPTEMBER 2016; There has been treatment or conservative therapy.; PAIN; MEDICINE HOT PAD	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic thoracic back pain. injured his back several months ago moving heavy equipment. did pt and got better. reinjured 10/03/2016 and meds and pt is not helping.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic thoracic back pain. injured his back several months ago moving heavy equipment. did pt and got better. reinjured 10/03/2016 and meds and pt is not helping.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	conservative therapy hasn't been helpful.; This study is being ordered for trauma or injury.; 10/18/16; There has been treatment or conservative therapy.; pain radiating from hip to foot. reduced range of motions, limping, weakness, numbness in extremity.; Medrol dose pak, home back exercises, inj of kenalog and todol in office. ibuprofen, tramadol,	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	C-spine and T-spine X-rays show mild scoliosis and moderate degenerative changes including spurring; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/20/16; There has been treatment or conservative therapy.; Joint pain, muscle spasm, tenderness; Physical Therapy, NSAIDS, and muscle relaxers	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diabetic neuropathy, right arm side numbness and tingling, myalgia in lower extremities radiates to toes, feet feel cold and sweaty; This study is being ordered for a neurological disorder.; 9/8/2016; There has been treatment or conservative therapy.; numbness, tingling, burning in extremities; Lyrica, Cymbalta, Xrays showed minimal hypotrophic change, mid interspace narrowing	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has congestive heart failure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/2016; There has not been any treatment or conservative therapy.; Right arm pain Numbness	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Looking for new active plaques; This study is being ordered for a neurological disorder.; diagnosed with MS in 2010  worsening paresthesia in last 6 months; There has been treatment or conservative therapy.; patient has lost sensation in feet, tongue, right hand, and abdomen; Patient is on Rebif	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/3/2016; There has been treatment or conservative therapy.; Pain and parastesis.; Physical Therapy, steroids, and medications	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Need to get a baseline on the extent of her fractures to see if she needs to see a neurosurgeon.; This study is being ordered for trauma or injury.; 09/18/2016; There has been treatment or conservative therapy.; back pain originally in thoracic area, now hurting a lot and is lower back now. Her legs feel cold.; Was seen in ER and plain x-rays were done to find T4 fracture. She was given Ibuprofen and Narco. No further treatment such as PT b/c unsure of nature of fracture without an MRI	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has a known herniated disc of the lumbar spine but has been over 18 months since last scan done. Patient continues to have thoracic spine pain and radicular pain due to the upper spine as well; Will need both areas scanned with and without contrast; This study is being ordered for a neurological disorder.; 10/06/2016; There has been treatment or conservative therapy.; Numbness and loss of strength in the right foot; patient had over 120 days of conservative physical therapy and over 1 year of sequential epidural steroid injections lumbar and facet lumbar injections with Pain management for the pain. Developed foot drop in the last 6 weeks.</p>	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has been prescribed prednisone and Mobic and also given instructions for home exercises.; This study is being ordered for a neurological disorder.; he has had back pain for several years.; There has been treatment or conservative therapy.; generalized lower thoracic spine and medial back , generalized and medial low back pain that radiates down the knee.; Patient has had physical therapy for 6 weeks , he also does physical work and lifts a lot , he has tried inflammatory medications. It is getting worse.</p>	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had surgery in the past. Pain is getting worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; back pain, pain radiating to legs, pain has been getting worse, degenerative disc disease, neuropathy; Patient has been given anti-inflammatories, pain meds, home therapy,	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had xrays; This study is being ordered for a neurological disorder.; 06/30/2016; There has been treatment or conservative therapy.; Pain Radiating in back; Tylenol 3	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has pain from falling off of a horse; This study is being ordered for trauma or injury.; 10/03/16; There has been treatment or conservative therapy.; t-spine pain, l-spine pain, pelvic pain, l shoulder pain; prednisone, percocet, vimovo	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/2016; There has been treatment or conservative therapy.; Restless leg syndrome, chronic low back pain; pain medication	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is being referred to a neurologist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/2016; There has been treatment or conservative therapy.; Radiculopathy, numbness and tingling on arms and legs, waking up at night with pain, difficulty walking, hx of neck surgery, and hx of spinal stenosis and spondylosis.; Medications, home exercise program.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having headaches and paresthesia (bilateral upper extremity); This study is being ordered for a neurological disorder.; 7/27/2016; There has been treatment or conservative therapy.; Headache, numbness, and tingling to the lower c spine/upper tspine. numbness radiates down the patient's arms and hands.; she was given Baclofen	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT WAS A PASSENGER IN AN RV THAT HIT A DEER. PATIENT WAS NOT IN A RESTRAINT AND HIT THE SEAT IN FRONT OF HER.; PATIENT IS HAVING NUMBNESS AND TINGLING RIGHT ARM AND SPRAIN OF T SPINE.; This study is being ordered for trauma or injury.; 10/06/2016; There has been treatment or conservative therapy.; PATIENT WAS A PASSENGER IN AN RV THAT HIT A DEER. PATIENT WAS NOT IN A RESTRAINT AND HIT THE SEAT IN FRONT OF HER.; PATIENT IS HAVING NUMBNESS AND TINGLING RIGHT ARM AND SPRAIN OF T SPINE.; PHYSICAL THERAPY & NSAIDS	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was involved in an ATV accident 1 year ago. had trauma to face and c spine. at that time thoracic and lumbar spines were not addressed; This study is being ordered for a neurological disorder.; per patient 1 year ago; There has been treatment or conservative therapy.; pain, decreased ROM decreased mobility; exercises, rest, heat, ice, ns aids, and Medrol dose pak	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previous imaging suggests further imaging; This study is being ordered for Inflammatory/ Infectious Disease.; September 2016; There has not been any treatment or conservative therapy.; Severe back pain, right hip and leg pain and weakness	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had back pain off and on for at least 6 months; was sent to a pain clinic back in April; not sure if she is still going; has had muscle relaxers; Pt last seen 11/9/16; not getting any better; muscle spasms; Further evaluation; 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

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has pain noted with palpation to both the posterior scalp area and bilateral posterior neck area to spinal area and muscular area more to the right. pain recreated with ROM of C-Spine; This study is being ordered for trauma or injury.; pt was in a MVA on 10/3/2016; There has been treatment or conservative therapy.; neck and back pain that radiates up and down the back and down bilateral arms.; pt has had medication as well as a course of physical therapy	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT is in severe pain and needing a MRI; This study is being ordered for trauma or injury.; 10/06/2016; There has been treatment or conservative therapy.; ; PT has taken Tylenol, Ibuprofen, codeine to try to relieve the pain and nothing has helped. Also has done therapy and needing a MRI to see if something is wrong	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt with known glioblastoma, s/p craniotomy and chemo c/o persistent and worsening back pain middle and lower back pain is described as intense and sharp with spasms aggravated by bending, sitting, twisting and standing pt has numbness and tingling; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	she has shoulder elevation; 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.; <Document exam findings>; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	shooting pain into left hand and right leg; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; neck pain, mid back pain with numbness and tingling to the upper extremities; prednisone, muscle relaxers, NSAIDS	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2016; There has been treatment or conservative therapy.; chest pain; over counter meds	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	T9 compression fracture    Upper back pain noted. The discomfort is most prominent in the mid thoracic spine. This radiates to the right chest. She characterizes it as intermittent, moderate in intensity, and sharp. This is a chronic, but intermitt; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE DOCTOR WANTS TO CONFIRM THAT NOTHING IS BROKEN OR OUT OF ALIGNMENT; This study is being ordered for trauma or injury.; 08/22/2014; There has been treatment or conservative therapy.; SHE IS HAVING SEVERE NECK BACK AND BACK PAIN. SHE HAS DEALT WITH THIS FOR YEARS BUT IT KEEPS GETTING WORSE; PHYSICAL THERAPY	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain- ongoing pain in her right flank/back- has seen nephrology per her request and is not accepting that her kidneys are "not the problem"- normal renogram on record. pain remains worse at night - starts in middle of night and improves when she goes; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Had a bulge at level T11 and T12, steroid injections that have not helped, taking muscle relaxers as well. Home exercises currently and PT in the past. Trouble extending both arms and reaching above head.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; he has frequent left-sided neck pain with radiation into the shoulder and left arm all the way down to the second third and fourth fingers. he recently started having lower back pain with radiation into his right leg. ; He has multilevel disc disease in h; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Palpation: pain elicited over the medial border of the scapula and Lower left trapezius from T spine to medial scapula; X-RAY INTERPRETATION: ORTHOPEDIC X-RAY:): scoliosis possibly secondary to degen at approx T9;; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; patient has scoliosis that is causing severe back pain that is radiating.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; patient is having mid back pain with radiculopathy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pts tried conservative treatment at home, pain is worsening and he's now having radicular symptoms. He does not want to take any oral meds for pain. Will order and MRI to check for bulging or ruptured disc; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	3
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Thoracic spine showed abnormalities, mild diffuse paraspinal muscle tenderness.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; 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.; This is a new patient who complains of chronic back pain and states that she has a bulging disc in her back. Requires MRI for further evaluation	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt. had an X-ray done	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; SCOLIOSIS; DDD T-SPINE; SPRAIN OF LIGAMENTS OF T-SPINE; PATIENT HAS CONTINUED BACK PAIN BUT DID NOT COMPLETE THE PHYSICAL THERAPY THAT WE SUGGESTED	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; 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.; <Enter Additional Clinical Information>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	2
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; Sever pain for the last 6 mos.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; nodule on upper right back side, ruling out torn muscle	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	5
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was ; This study is being ordered for a neurological disorder.; 15 YEARS AGO; There has been treatment or conservative therapy.; The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was ; The symptoms began 15 years ago. The symptoms are reported as being severe. The symptoms occur constantly. She states the symptoms are chronic and are poorly controlled. Mid back and neck issues since a fall of 12 ft at work landing on her feet. She was</p>	1
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General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are DDD findings and some arthritic change in the thoracic and lumbar that explain the ongoing back pain. The more concerning symptom here is the new onset numbness. It is reassuring that that he has no focal weakness, but I feel it is important to ; This study is being ordered for a neurological disorder.; History of back fracture 2007/2008. He has pain in the mid to lower back. It has been evaluated a few times since them. He has numbness and tingling in his upper thighs a week ago. No loss of bowel or bladder control. No weakness. ; Ibuprofen did not help; There has been treatment or conservative therapy.; pt broke his back in 2008 and for about a week has been experiencing tingling and numbness in his back that now is also radiating bilaterally down legs.He has numbness and tingling in his upper thighs, tenderness (reproducible in the lower thoracic and up; Ibuprofen did not help. Tramadol did not help. Hydrocodone just made him sleepy. Marijuana makes him sleepy as well so he can rest.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; herniated disc; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient is having thoracic pain with muscle spasms; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; patient is having upper and middle back pain that is severe with radiculopathy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; 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.; cannot lay on back; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; Patient has history of fibromyalgia. This particular issue started 09/15/2016; There has been treatment or conservative therapy.; Right lower and upper extremity pain with back and neck pain; Patient was previously under pain management for her fibromyalgia. We initiated steroid therapy and neurontin	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 08/01/2016; There has been treatment or conservative therapy.; history of thoracic compression fraction at T4 but now has lower back pain with radiculopathy, both legs going cold.; pain medicines, Mapap, NSAIDs	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 8/21/2016; There has been treatment or conservative therapy.; SWELLING/PAIN; WE HAVE DONE MEDICATIONS FOR INFLAMATION AND ICE AS WELL	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		6

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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.; 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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.</p>	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	3
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; <Document exam findings>;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has neuropathy in feet worse on the right; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness in thigh and weakness in upper leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having a limp; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has on bilateral legs with numbness & tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; slow 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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 pt still having back pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	10
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	4
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	22
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/23/2016; There has been treatment or conservative therapy.; numbness, pain, and radiculopathy; medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 months ago; There has been treatment or conservative therapy.; BP; medications ,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; April 18, 2016; There has been treatment or conservative therapy.; Low back pain with Sciatica Neck pain w/ hand numbness; Medication XRays	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; back pain; anti-inflammatory pain medications, PT	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	7
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/14/2011; There has been treatment or conservative therapy.; radiculopathy; pain medicine, physical therapy	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2/2016; There has been treatment or conservative therapy.; back pain, weakness in both lower extremities; physical therapy, over the counter medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Steroid pack, injections	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/09/2015; There has been treatment or conservative therapy.; pain; back brace	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/3/2014; There has been treatment or conservative therapy.; low back pain and neck pain; pt- completed back in 2014	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has been treatment or conservative therapy.; low back pain, hip pain; physical therapy	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; progressive neck pain, numbness, radicular symptoms left leg, limited rom	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has not been any treatment or conservative therapy.; pain,.cramps	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; lower back and with and or with out weight barring neuropathy; pain management	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5yrs ago; There has not been any treatment or conservative therapy.; pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/12/16; There has been treatment or conservative therapy.; tail bone pain.; meloxicam 15mg.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; Low Back pain , pain radiates to buttocks , neck pain radiates to shoulder; Medication (anti Inflammatory)	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/15/2016; There has been treatment or conservative therapy.; CHRONIC LOW BACK PAIN AND NECK PAIN , MUSCLE SPASMS , LIMITED RANGE OF MOTION ,; OVER THE COUNTER PAIN MED , IBPROFEN HOME EXCERISE	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; birth; There has been treatment or conservative therapy.; numbness in left leg/ pain; chiropractor	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; none; 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 >;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; pain; physical therapy/rheumatology	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Summer 2015; There has been treatment or conservative therapy.; back pain, cant stand of more than 15 min, needs medicine cant live without it light touch hurts, will not bend over; Physical therapy	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; pain that radiates to L side; muscle relaxants	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/28/2016; There has been treatment or conservative therapy.; Pain and numbness to back and arms; HEP and meds	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/1/2016; There has been treatment or conservative therapy.; back pain, pain radiating down left hip and leg, left hip pops out of place.; She has been on medication.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections and PT	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; back and neck pain, can hardly bend or stand for too long, hurts to lift things; physical therapy	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND; This study is being ordered for trauma or injury.; new pt to us but this has been going on for several months; It is not known if there has been any treatment or conservative therapy.; PAIN NECK DOWN, BILAT HAND STIFFNESS, RIGHT ARM NUMNESS, BILAT NUMBNESS/TINGLING. STIFFNESS IN HAND	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Patient here with his significant other for follow-up to recent visit for lumbar and thoracic pain. He states his symptoms persist and have not improved with recent medications. He did obtain the x-rays we requested. He states approximately 10 years ago; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessaryon med management; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/16; There has been treatment or conservative therapy.; Pain in back radiating in to l shoulder; Pain prescription	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.CC:  Mr. WILLIAMS is a 35 year old White male. This is a follow-up visit. He presents with low back pain. Patient states, needs refill on Tramadol, flexeril, & not sure what else he needs.   HPI:  Patient states, having a lot of low back pain toda; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; CC:  Mr. WILLIAMS is a 35 year old White male. This is a follow-up visit. He presents with low back pain. Patient states, needs refill on Tramadol, flexeril, & not sure what else he needs.   HPI:  Patient states, having a lot of low back pain 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 not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.;	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness. pt has tried physical therapy without 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower 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.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbar pain with 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain radiates down the right leg, leg raise up was positive about 20 degrees on the right, negative on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain worse with movement and flexion, weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has history of trauma to this area. deals with chronic pain that extends to groin and legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt having pain when trying to lift leg pt having numbness down feet hard for pt to walk; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness, tingling, weakness that radiates down RLE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of bilateral legs, patient has numbness down bilateral thighs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	22
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; over two years ago(2014); There has been treatment or conservative therapy.; neck pain; shoulder pain; lumbar back pain; numbness/tingling arms; cold sensation in finger tips; discoloration in finger tips; burning/numbness in legs; patient was taking pain medicine and muscle relaxers in 2014 and 10/13/2016	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; patient has neck and back pain and some pain going down his legs; There has been treatment or conservative therapy.; back and neck pain, pain in leg; naproxen, soma, ultram	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; She also complains that at time she's pins and needles sensations in her lower legs and hands bilaterally. At times she feels like she can't move her foot properly. She wants to take a step but the foot just doesn't want to come up off the floor. She's had; There has been treatment or conservative therapy.; Patient reports that she's been having right buttock and hip pain with radiation down the right leg for the last several months. 4 nights ago she's lost power in her lower leg resulting in her falling down onto her right buttocks which is exacerbated by; Lyrica; Tramadol; Savella; Plaquenil; Home Exercises	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; Unknown date of onset.; There has been treatment or conservative therapy.; The thoracic spine showed normal curvature, on palpation revealed tenderness, and exhibited a spasm of the paraspinal muscles.; The lumbar/lumbosacral spine exhibited no normal curvature, muscle spasms, showed pain elicited by flexion, by extension, and t; Patient has had physical therapy and medication therapy.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; UPPER BACK PAIN, CHRONIC LOW BACK PAIN WITH RIGHT SIDED SCIATICA; PHYSICAL THERAPY, NSAIDS	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	2

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/06/2016; There has been treatment or conservative therapy.; Back Pain; At home exercise, Xray, Medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/2016; There has been treatment or conservative therapy.; Low to midline back pain, shortness of breath, edema; Physical Therapy	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/21/16; There has not been any treatment or conservative therapy.; pt is having worsening atraumatic T and L spine pain she is an immunocompromided HIV pt with diffuse large cell lymphoma currently undergoing chemotherapy	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2016; There has been treatment or conservative therapy.; LOWER AND UPPER BACK PAIN; PT IS SEEING specialist	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; lumbar region pain; pain medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Back pain started on 10/13/16. Headaches have been going on since childhood but the last headache on 10/16/16 had blurry vision which is a new symptom; It is not known if there has been any treatment or conservative therapy.; Lumbar and sciatic pain. Occipital Headaches with blurred vision	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; On August 12, 2016 the patient said he had back pain for years, but it had gotten worse 1-2 months prior.; There has been treatment or conservative therapy.; Back pain in the mid to lower back. He describes it as a locking up and a pulling of his muscles out of his back. Has not complained of leg pain.; Patient went to physical therapy in August. Was sent back to therapy early October , but was not able to finish visits.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ONE YEAR AGO; There has been treatment or conservative therapy.; LOW BACK PAIN WITH SCIATICA, NUMBNESS IN EXTREMITIES; NSAIDS, TRAMADOL, ROBAXIN, MELOXICAM	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has been treated since August for back pain see notes attached.; There has been treatment or conservative therapy.; ; pt has been on meloxicam. see att notes	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown, first visit with us 11/30/2016; There has been treatment or conservative therapy.; Radiculopathy and low back pain; Tylenol #4 and Zanaflex prescribed	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	12
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Enter date of initial onset here - or Type In Unknown If No Info Given  07/16/2016	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10/05/2016; There has been treatment or conservative therapy.; NECK PAIN  LOW BACK PAIN; HEAT, REST, ROBAXIN, TRAMADOL	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/19/2016; There has not been any treatment or conservative therapy.; Severe back and neck pain with headaches.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 9/2016; There has been treatment or conservative therapy.; EXTREME BACK PAIN, EXTREME NECK PAIN SINCE LUMBAR INJECTION; HOME PT, STEROID INJECTIONS	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; The sinusitis 12/6/16 The lumbar radiculopathy 8/10/16; There has been treatment or conservative therapy.; Sinusitis: swelling on right jaw line. Reports pain and pressure over the frontal and maxillary sinuses. Palpation of neck reveals abnormalities. There is a less than cm lymph node at the angle of the mandible on the right. Tenderness of sinuses and maxil; The sinusitis: Patient states he has been on over 4 rounds of antibiotics. Medication has been prescribed, Medrol Dosepak and Levaquin. He is also to rest, fluids in altered antipruritics over the counter mucolytics.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3. Cervical radiculopathy - M54.12  4. Thoracic degenerative disc disease - M51.34  5. Lumbar degenerative disc disease - M51.36; This study is being ordered for a neurological disorder.; cervical radiculopathy; It is not known if there has been any treatment or conservative therapy.; MUSCULOSKELETAL: lumbar paraspinal tenderness, tenderness of the cervical and thoracic spine as well.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	35 year old morbidly obese with intense lower back pain with radiation down both lower extremities.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Acute exacerbation the pain with radicular pain in the right lower extremity  History of Chronic low back pain  Multilevel degenerative disc disease Incipient osteoarthritis of the hip special the left with left length leg discrepancy  L4-5-1 small fo; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Acute low back pain from bending/twisting. Has been doing physical therapy with no relief from pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute or chronic back pain, ice does helps. flexeril makes him too spacy. left lower spine greater than right. present for years. no MRI for years about 5 years. back pain; mostly on left side radiating down leg, has a knot in his back. limited ROM (e; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Acute pain due to trauma. low back pain with muscle spasms. Tenderness on palpation with swelling. Pain radiation to the legs worse on the left, lumbar trigger point syndrome. Stance off balance and symmetry off tilting to the left, unable to stand straig; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	All information is given, if documentation is required I can fax them as well.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016 Headaches; 01/28/2016 Low Back Pain radiating into bilateral legs; There has been treatment or conservative therapy.; Intractable Headaches, comes on quickly, requires to be in dark room to go away.; Pain in lower back that radiates into bilateral lower legs and into feet.; NSAIDS, Pain Medication, At home physical therapy	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Basketball player. Low back pain for 1 month. Worse in morning and worse after practice. Gets better throughout the day. Electrical stim and ice have been helping. No numbness. Tingling.possible abnormality showing on xray, there is a vague lucency 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.; lower back pain/experiences brief dizziness and amplified back pain when running sprints/Tech student. tenderness (lower cervical, upper and lower and lumbar tenderness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	bilateral knee pain and lumbar pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-12-16 approx; It is not known if there has been any treatment or conservative therapy.; pain in mid back and pain to both knees	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, minimal strength loss in bilateral legs, irregular gait; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, mri from 1 year ago showed degenerative disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic low back pain with history of herniated disc on imaging; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic low back pain with inconclusive xray.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic low back pain with right-sided sciatica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic lower back pain. Medication isn't working.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic LUMBAR PAIN AND RADICULOPATHY. Patient has been having this pain for OVER 1 YEAR.; The study requested 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 with movement and the pain is getting worse; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic pain without relief from medications; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain right lower leg weakness steroid injection 10/12/16 muscle relaxer 350mg qid 1wk supply; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronis neck and chronic 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.; 5-6 years; It is not known if there has been any treatment or conservative therapy.; neck and lumbar pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Clinic notes will be faxed; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Continued back pain and RLE weakness after attempting 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.; weakness noted on physical exam to RLE; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	decreased disc space w l5 and s1 forced weakness bilateral legs neuropathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	decreased sensation 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 no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Degenerative disc disease, increasing pain, numbness in R leg, recurrent problem x years, current episode has gotten worse causing sciatica, R leg numbness and increased pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	diabetic neuropathy, right arm side numbness and tingling, myalgia in lower extremities radiates to toes, feet feel cold and sweaty; This study is being ordered for a neurological disorder.; 9/8/2016; There has been treatment or conservative therapy.; numbness, tingling, burning in extremities; Lyrica, Cymbalta, Xrays showed minimal hypotrophic change, mid interspace narrowing	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - Doctors need to know whats going on with the patient so she can be treated accordingly; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - June 2010; There has been treatment or conservative therapy.; Describe primary symptoms here - Body muscle aches and pains; Describe treatment / conservative therapy here - Patient has been on pain medicine for years has also seen pain management specialist.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In  He has sciatica. He is not better after five weeks. I think we should proceed with MRI and see what we are dealing with and MRI lumbar spine is being ordered. I have not done physical therapy yet just because of the time ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given . Hx of chronic back pain from his mid back down and his cervical spine. He had an MRI over 2 years ago and would like to get a new one. He states his pain is getting worse and his lawyer for his di; 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UPlease describe the reflex abnormality found by the doctor on examination. Pain in neck with ROM Pain with ROM of back,Crepitus tenderness effusion, tenderness noted in neck and back. Neurology....Paresthasias. nknown If No; 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.; Pain in neck with ROM Pain with ROM of back,Crepitus tenderness effusion, tenderness noted in neck and back. Neurology....Paresthasias.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	failed conservative treatment of meloxicam for several months; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Failed PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	falling a lot chronic low back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Fell through attic two years ago--recurrent episodes of back pain that radiates down legs. Pt. here with back pain for the past 3 days. She has had pain radiating down her left leg. She has shooting pain down her left leg. She has had a lot of pain on left; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	having radicular pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	headaches and pain running down leg to knee; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HNP @ L3 @ 4, no compression of nerve roots. Pt has no relief of pain and getting worse, tried meds and PT .; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	inconclusive x-ray. still having unknown pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increase and worsening radicular 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.; Increased weakness; Loss motor function, lower extremities; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	INCREASED 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	injury to low back approx. 7 days ago and felt the onset of pain right then, this was severe pain. has been seeing her chiropractor with no relief, she was seen in ER after the pain was so bad she passed out, no numbness or tingling. has been taking tram; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Intermittent pain over the last 4 weeks, stepping down aggravate his lower back. Also has pain down back of right thigh. Positive straight leg raise (pain down back of right thigh to level at about 30 degrees.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LE weakness frequent falls; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Left sciatica and radiculopathy of left leg. patient has history of herniated disc.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LEFT SIDE LOW BACK PAIN WITH PAIN RADIATING TO L BUTTOCK AND LEFT LEG. PAIN LEVELS FROM 6-10/10. WORSENS WITH MOVEMENT. HIGH SENSITIVITY TO TOUCH OVER LEFT LOWER EXTREMITY. MUSCLE SPASMS. SCIATIC PAIN WITH ABRUPT WORSENING OF SYMPTOMS.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Location: pain radiating to the legs (Lt)  Quality: sharp Severity: severe (8-10); interference with sleep Duration: acute; acute on chronic  Onset/Timing: recurrent episode  Context: unusual activity; prior back problems; used medications for back p; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Looking for new active plaques; This study is being ordered for a neurological disorder.; diagnosed with MS in 2010  worsening paresthesia in last 6 months; There has been treatment or conservative therapy.; patient has lost sensation in feet, tongue, right hand, and abdomen; Patient is on Rebif	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain now radiating down left butt 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low Back Pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lower back pain interfering with the PT work; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lower back pain with muscle spasms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lower back pain, radiculopathy to the right leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lower lumbar pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar back: She exhibits decreased range of motion, tenderness, swelling (freely movable mass) and pain.; The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar fusion 20 years ago needs imaging for evaluation.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar radiculopathy; numbness left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbar region is extremely tender; The study requested 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 extremity not able to do daily activity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbosacral spine exhibited spasms of the paraspinal muscles, Lumbosacral spine pain was elicited by motion with positive straight leg raise on the 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lumbosacral spondylosis with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Member has completed physical therapy with no improvement. Been treated with steroids and pain medicine but not working.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Migranes started 7 months ago and last 3-6 hours with vomitting; This study is being ordered for a neurological disorder.; 12/05/2016; There has not been any treatment or conservative therapy.; Back pain, headache, vomiting,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mild anatalgic gait, painful ROM of back - moderate upper lumbar and right paraspinal tenderness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI done April 2015 showed spindle cyst advised to have repeat MRI after braces removed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI done in 2014 shows L5/S1 disc herniation. Progressively gotten worse over the last two months. Radicular symptoms into the right lower extremity. Patient has failed NSAIDS 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 presents with Radicular symptoms into the right lower extremity. New worsening symptoms in the last few months.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Hand presents with lower back pain. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. This radiates to the right buttock. She characterizes it as intermittent, moderate in intensity, aching, sharp, and stabbing. ; 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.; 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.; Meloxicam ; gabapentin	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. Hawkins is a 60-year-old lady with a history of chronic low back pain. She has had pain in her lower back for several months. This is been a progressive issue in severity. She really does not have any specific radiculopathy into her legs. Most of ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MVA, lower back pain and headache; This study is being ordered for trauma or injury.; 10/16/2016; There has been treatment or conservative therapy.; Progressive lower back pain with sciatica, headache; Medications	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Need to get a baseline on the extent of her fractures to see if she needs to see a neurosurgeon.; This study is being ordered for trauma or injury.; 09/18/2016; There has been treatment or conservative therapy.; back pain originally in thoracic area, now hurting a lot and is lower back now. Her legs feel cold.; Was seen in ER and plain x-rays were done to find T4 fracture. She was given Ibuprofen and Narco. No further treatment such as PT b/c unsure of nature of fracture without an MRI	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neuropathy, tingling, radiculopathy, back pain, decreased sensory in RLE; 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.; Tingling, back pain, decreased sensory to RLE	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chronic back pain and right hip pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no info given; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Did PT 1 year ago and got some relief. Notes even before trying to catch dog, her back was still bothering her in lower lumbar spine with radiation to hips and also having pain of buttock region. Has been doing exercises at home with minimal relief. Canno; There has been treatment or conservative therapy.; lower lumbar spine pain with radiation to hips and also having pain of buttock region.; Has been doing exercises at home with minimal relief. Cannot tolerate oral nsaid well. Muscle relaxant providing minimal relief. Aggravated by bending/twisting. Other than dog, has been trying to minimize heavy lifting.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Nerve conduction study; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; Pain worsening after 7 weeks of home exercise with the last three months	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; 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 not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for a neurological disorder.; 2 yrs ago; There has been treatment or conservative therapy.; Neck pain positive straight leg raise numbness LE limited ROM; Anti inflammatory medication PT x 4 weeks	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/07/2016; There has not been any treatment or conservative therapy.; Numbness of neck, legs, back, and head. Hip and joint pain.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; It is not known if there has been any treatment or conservative therapy.; AVM and back pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 5/2016; There has been treatment or conservative therapy.; Pt has pain in the neck and lower back Increases when pt moves the neck area. Numbness and tingling in the lower extremities; Muscle relaxers , steroids, and pain meds . Home exercises	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and pain down leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling in left leg and lower back pain muscle strain, radiculopathy; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling; This study is being ordered for a neurological disorder.; 9/19/2016; There has been treatment or conservative therapy.; numbness rt upper ext. radiating from back down to the rt lower ext.; Nsaids, steroid injections, PT made it worse.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Numbness in extremities.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Onset of back pain 9 days ago, medication not helping; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Other issues have been ruled out.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in all movements; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in the right buttocks that radiates down the leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is in sever pain being dealing with Issue for 6 years; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates down the thigh, no relief, hindering ADLs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Norco, prednisone 10, pain gel	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates down to his leg, numbness in his legs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain wakes her up at night. rates pain 5/10 in back and 8/10 neck.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient presents with worsening neck and back requiring imaging to determine the source of the pain.; There has been treatment or conservative therapy.; neck pain with radiculopathy and low back pain with radiculopathy.; patient states muscle relaxers made pain worse and 3 visits to a chiropractor did not help.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Paitents back pain is now moving down his 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient complains of low back, hip pain, can not stand for periods of time, has shakiness and weakness,in lower extremity; 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 weakness can not stand for a long period of time; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient continues to have pain and pressure in her right lower back. Patient is now having problems walking and has shooting pain and numbness in her right leg. It is starting to affect her gait and she continues to stay in constant pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient fell and has had lower back pain since then. Patient describes the pain as "sharp and stabbing". Symptoms are aggravated by changing positions and daily activities.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient fell on lower back when a chair broke as he sat down. Has been taking pain medicine and muscle relaxers, but pain is getting worse and he says it feels like something is stabbing him in the back when he sits.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a known herniated disc of the lumbar spine but has been over 18 months since last scan done. Patient continues to have thoracic spine pain and radicular pain due to the upper spine as well; Will need both areas scanned with and without contrast; This study is being ordered for a neurological disorder.; 10/06/2016; There has been treatment or conservative therapy.; Numbness and loss of strength in the right foot; patient had over 120 days of conservative physical therapy and over 1 year of sequential epidural steroid injections lumbar and facet lumbar injections with Pain management for the pain. Developed foot drop in the last 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has back pain radiating down left leg and also her buttocks are numb at times.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having chronic back pain for several months. Pain is not due to any accidents or injuries. Has been taking pain medication for several months to control pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been prescribe predisone and Mobic and also given instructions for home exercises.; This study is being ordered for a neurological disorder.; he has had back pain for several years.; There has been treatment or conservative therapy.; generalized lower thoracic spine and medial back , generalized and medial low back pain that radiates down the knee.; Patient has had physical therapy for 6 weeks , he also does physical work and lifts a lot , he has tried inflammatory medications. It is getting worse.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been taking Tramadol and Flexaril since 9/23/16 with no relief. Pt limps and partially drags his left leg due to pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has chronic low back pain with radiculopathy. She has been seen multiple times for this.; 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.; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had a x-ray done and the x-ray came back abnormal.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had inseds, numbness and tingling, tenderness on patients left side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had low back pain for 1 month; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had no relief from pain using conservative methods.; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Pain Limited ROM Muscle Tenderness; Physical Therapy Nsaids Xray	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had surgery in the past. Pain is getting worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago; There has been treatment or conservative therapy.; back pain, pain radiating to legs, pain has been getting worse, degenerative disc disease, neuropathy; Patient has been given anti-inflammatories, pain meds, home therapy,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had xrays; This study is being ordered for a neurological disorder.; 06/30/2016; There has been treatment or conservative therapy.; Pain Radiating in back; Tylenol 3	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has increase in severity of symptoms.; This study is being ordered for a neurological disorder.; We first saw this patient 11/12/15. He came to us already with hx of this problem for a few years.; There has been treatment or conservative therapy.; pain in the cervical spine with bilateral arm weakness. Low back pain with lower limb paresthesia; ESI Therapy, Pain medication,	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has lumbar disc disease, low back pain moderate sharp stabbing radiating into upper back causing numbness and tremors in lower extremities and back spasms. Pain upon sitting and walking. Leg weakness and paresthesias in legs. Last MRI12/02/2011 sh; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has pain from falling off of a horse; This study is being ordered for trauma or injury.; 10/03/16; There has been treatment or conservative therapy.; t-spine pain, l-spine pain, pelvic pain, l shoulder pain; prednisone, percocet, vimovo	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has scoliosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/2016; There has been treatment or conservative therapy.; Restless leg syndrome, chronic low back pain; pain medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a candidate for cervical and lumbar epidural steroid injections.; This study is being ordered for a neurological disorder.; 10/2014; There has been treatment or conservative therapy.; Mrs. Crumley presents to clinic with a 2 year history of low back pain and 6 month history of lower neck pain causing headaches. Tingling of the posterior right thigh. Neck pain in trapezius extends into both shoulders. Lower back pain radiating to the le; Chiropractic Therapy with Dr. Chris Tate which hasn't offered lasting relief.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is being referred to a neurologist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/2016; There has been treatment or conservative therapy.; Radiculopathy, numbness and tingling on arms and legs, waking up at night with pain, difficulty walking, hx of neck surgery, and hx of spinal stenosis and spondylosis.; Medications, home exercise program.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is currently ambulating with a cane and states that the pain get worse with walking.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Low back pain is radiating to right thigh. patient has history of bulging disc.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having ALOT of Pain in lower back and its radiating to the left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATient is having low back pain with pain radiating down her legs.Patient is currently taking gabapentin.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT IS STILL HAVING INCREASED PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presented with acute lumbar back pain with radiculopathy - sciatic nerve. He has a history of polyarthropathy and has not had any relief of symptoms from usual anti-inflammatory medications prescribed. We are wanting an MRI study to determine ca; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient requesting MRI due to back pain.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states that she has new knots on her back and would like something for pain, naproxen not helping, unable to take ultram. Also, states she has a hx of DDD and chronic pain after fall 7 years ago. Pain is worse. Radiates down legs, RLE numbness at ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient unable to do bilateral straight leg raising, do to unintended pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient can not bent over, can not walk up stair or walk up incline at all; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was a caregiver, to his recently deceased spouse, for 6 years. Patient states his wife was unable to walk, or bear her own weight, so he frequently assisted her with moving and ambulation. Patient is suffering from chronic neck and lower back pain; This study is being ordered for a neurological disorder.; Cervical spine pain: 3 weeks ago.  Lumbar spine pain: 09/2000; There has been treatment or conservative therapy.; Cervical and Lumbar spine pain, chronic duration. Tingling of both feet, a burning sensation in both legs and feet, numbness of bilateral calves. Neck pain in trapezius. Lower back pain, midline is worse with movement, radiating to the legs, posteriorly o; Chiropractic Therapy-which didn't help.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient was bending putting a bag in the trash can when he felt something pop in his back and since then has been in a lot of pain. he is now having weakness in the right leg as well.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was involved in an ATV accident 1 year ago. had trauma to face and c spine. at that time thoracic and lumbar spines were not addressed; This study is being ordered for a neurological disorder.; per patient 1 year ago; There has been treatment or conservative therapy.; pain, decreased ROM decreased mobility; exercises, rest, heat, ice, nsaid, and Medrol dose pak	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was seen on 11/1/16 for Acute low back pain with Radiculopathy in left lower extremity. He was found on exam to have tenderness and moderate pain with motion in the Lumbar region.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient who fell off of a step and landed on her back on 08/26/16. X-Rays done at hospital which were normal. Patient continuing to have sharp shooting pains into lower extremities.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with chronic lumbar back pain and negative CT and xray from multiple visits to local ER.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with complaints of low back pain, RT lower extremity numbness increasing over the last several months. Has failed conservative medication treatment including gabapentin and flexeril.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient's pain has been worsening. It has been radiating to the arms and legs with tingling and numbness in both hands and feet.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Chronic low back pain and neck pain; Last surgery was 3 years ago in back and neck. Patient was on pain managemnet for 1 year. Patient last saw pain management in October 2016.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	per xray- disc displacement lumbar region L5-S1  continuous constant lower back pain with radiation down left leg.   Unable to ambulate.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; per xray- disc displacement lumbar region L5-S1  continuous constant lower back pain with radiation down left leg.   Unable to ambulate.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	POSSIBLE PULLED MUSCLE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous abnormal MRI; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previous imaging suggests further imaging; This study is being ordered for Inflammatory/ Infectious Disease.; September 2016; There has not been any treatment or conservative therapy.; Severe back pain, right hip and leg pain and weakness	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previous surgery with chronic back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt fell in the bathroom and has had back pain since then; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had a positive strait leg raise here in the office. Pain and numbness in in left leg. Tenderness at 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.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had greater than 6 weeks of PT and also MEDS.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has back pain increasing; this is for further evaluation; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been going to specialists without relief. he has used tramadol. He feels as if his legs are heavy.; This study is being ordered for a neurological disorder.; oct 2015; There has been treatment or conservative therapy.; Pt has abnormal gait. Severe ongoing pain in L leg.; Pt has been on medications. Home exercises. Ice and heat.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has been on steroids, muscle relaxer, and pain medication w/o relief of symptoms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has continued low back pain with conservative treatment over the last 4 weeks.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had chronic left sided low back pain with Left sided sciatica radiating down L leg and numbness in Left foot.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has L3 or 4 disc disease neuropathy right leg weakness, L3 nerve; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has lower back pain has recently gotten worse again, pain running down leg, 2 prior surgeries, steroid pack has not helped; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has worsening low back pain with right sided sciatica.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having back pain that is getting worse he is taking hydrocodone and has had 2 weeks of physical therapy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT is having low back pain need imaging to start injections; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT is in severe pain and needing a MRI; This study is being ordered for trauma or injury.; 10/06/2016; There has been treatment or conservative therapy.; ; PT has taken Tylenol, Ibuprofen, codeine to try to relieve the pain and nothing has helped. Also has done therapy and needing a MRI to see if something is wrong	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt lifted heavy---still with lower backpain after 10 days of tx/rx.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports having pain radiating to legs, pain sharp and worsening, interference with sleep and work. movement and positioning are aggravating factors.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt seen in emergency room and given steroid inj only relieving factor is lying on right side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt states pain is worse with movement, anti-inflammatories used without relief, Urinalysis revealed hematuria, ct of abd/pelvis was negative; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pt was involved in a MVA in December of 2015 and has had some physical therapy and chiropractic care with some success, as well as been treated with oral analgesics.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt. fell 2 years ago. Pain has recently gotten worse and has started experiencing numbness/tingling to the RLE. The pt. did report having decreased strength to the RLE.; 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 strength to the RLE.; The patient does not have new signs or symptoms of 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
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. has been experiencing lower back pain that radiates down left leg. This has been an ongoing problem that has gotten worse since he was seen on 8/12/16. The pain is described as sharp and constant. He has had little to no relief with medications.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. having LBP, worsening with walking. Radiates to bilateral LE-even at rest, NSAIDS, Doppler study (not vascular).; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. is here for follow-up of right leg pain with walking short distances and his pain is about the same. His ABI showed on mildly abnormal waveforms at bilateral calves. Thus, he is likely having neurogenic claudication and a lumbar MRI will be ordered; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pulled muscle in back; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Px has had lower back pain since 7/12/2015, pain pills and muscle relaxers not working, TNS unit did not work. Tenderness, mild spinal stenosis, sciatica in both lower extremities, radiating to both legs, and severe pain while walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O nerve impingement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiates into the low back radiates into left leg; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Cervical & Lumbar pain; chiropratic visits; has taken flexeril	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radicular pain in left lower extremity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Thigh left pain, pt states if she turns left foot a certain way she gets "charile horse" in her calf, pain in upper thigh-has had DVT in groin area before that feel very similar to the pain she is having now-no injury/no pain that she knows of, no erythem; There has not been any treatment or conservative therapy.; upper left thigh pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right leg has been hurting, constant pain, numbness and coldness. Candidate for epidural; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; lumbar back pain, right hip; Muscle relaxers and anti inflammatory	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	right sciatica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out herniated disc; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sacroiliac joint tenderness with inflammation reduced ROM tingling in legs no improvement with medications and exercises; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sacroiliac pain progressively worsening and unrelieved with OTC and prescription analgesics. Patient is also a diabetic.; This study is being ordered for trauma or injury.; 11-12-16; There has not been any treatment or conservative therapy.; Severe pain left sacroiliac and down her left leg.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sciatic Nerve Pain following injury after prior Lumbar spine surgery; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see scanned OVs; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness on side to side bending at waist; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sharp pain with movement in lumbar region;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She also continues to have problems with low back pain. She is waiting on the MRI appointment that is needed before she can return back to her neurosurgeon. She is needing refills of her medication for that discomfort. &#xOD; The primary symptoms include abdom; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She recently had a CT scan for kidney stone, which she does have several in the kidney, however she also had a baby in the last 6 wks. She continues to have severe low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	shortness of breath; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2/2016; There has been treatment or conservative therapy.; chest pain; over counter meds	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SLR is positive on her right side, pain radiates to below her knee. DTR is absent in the right patella.  Pt has failed chiro and PT for one yr NSAIDS no longer work for 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; DTR absent R patella. Positive SLR on R.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SPINAL STENOSIS, HERNIATED 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 seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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.; EXERCISE PRESCRIBED TO STRENGTHEN THE CORE. OTC AND PRESCRIPTION NSAIDS. CELESTONE IM. BEGAN 3/21/16 PT IS NO BETTER.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Surgery to lumbar spine, pt having complications; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness to palpitation of lumbar spine. Injury resulting from fall. Recent onset of dizziness. Chronic lower back pain since injury; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the Pt ahs numbness and tingling in lower extremities. Pt no help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; The Pt has difficulty moving right leg	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The Pt has low back pain, weakness in legs .; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The Pt has weakness in lower extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	21

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	3
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	11
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are DDD findings and some arthritic change in the thoracic and lumbar that explain the ongoing back pain. The more concerning symptom here is the new onset numbness. It is reassuring that that he has no focal weakness, but I feel it is important to ; This study is being ordered for a neurological disorder.; History of back fracture 2007/2008. He has pain in the mid to lower back. It has been evaluated a few times since then. He has numbness and tingling in his upper thighs a week ago. No loss of bowel or bladder control. No weakness.  Ibuprofen did not help; There has been treatment or conservative therapy.; pt broke his back in 2008 and for about a week has been experiencing tingling and numbness in his back that now is also radiating bilaterally down legs.He has numbness and tingling in his upper thighs, tenderness (reproducible in the lower thoracic and up; Ibuprofen did not help. Tramadol did not help. Hydrocodone just made him sleepy. Marijuana makes him sleepy as well so he can rest.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This problem has been going on for over a year. She was seen in clinic last year in July for back pain and sciatica left side.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN NO INFO GIVEN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Doctor examined patient and found weakness in right leg. Patient has been off work for 4 to 5 days unable to work.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having left sided weakness and radiculopathy that radiates down the back of his left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x- ray evidence of a recent lumbar fracture.	2

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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 instructed on back strengthening exercises and has been using them at home to strengthen back for past 2 yrs. Pt has been treated with Parafon Forte DSC, Norco, Ibuprofen, Baclofen, Tylenol-3, and Tramadol without seeing any improvement in the conditio	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 04/17/2015; There has been treatment or conservative therapy.; back pain, muscle weakness left leg and foot pain; Headache, daily bitemporal HA associated with vision change and N/V; treated with medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 7/22/16; There has been treatment or conservative therapy.; Patient is here with complaints of continued neck and back pain, he has been seeing pain management in Texarkana and he was told that the only thing that would help would be for him to have a surgery done by a neurosurgeon, he is a little apprehensive abo; Patient has been to pain management, also has been given Tylenol #4 for pain	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 9/01/16; There has been treatment or conservative therapy.; right leg weakness and pain in lower back and cervical spine region; Anti-inflammatories	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; Patient has history of fibromyalgia. This particular issue started 09/15/2016; There has been treatment or conservative therapy.; Right lower and upper extremity pain with back and neck pain; Patient was previously under pain management for her fibromyalgia. We initiated steroid therapy and neurontin	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/2016; There has been treatment or conservative therapy.; ; No improvement with ice, heat, ROM, stretching, massage, OTC pain relivers or gabapentin.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/16; There has been treatment or conservative therapy.; Pt has headache and lumbar radiculopathy; medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; Back pain radiating to R leg, numbness and tingling at times on the R leg; Anti inflammatory medication	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4-6 months; There has been treatment or conservative therapy.; Pt has pain, tightness, edema, and tortolis; anti inflammatory and xrays	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; started several years prior to seeing us; There has been treatment or conservative therapy.; low back pain, neck pain, paresthesia left leg. bilateral arm weakness; pain medication, arthrocentesis of SI joint	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 08/01/2016; There has been treatment or conservative therapy.; history of thoracic compression fraction at T4 but now has lower back pain with radiculopathy, both legs going cold.; pain medicines, Mapap, NSAIDs	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 8/21/2016; There has been treatment or conservative therapy.; SWELLING/PAIN; WE HAVE DONE MEDICATIONS FOR INFLAMATION AND ICE AS WELL	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; pain radiating to the buttocks; pain radiating to the legs;   popping/clicking of left shoulder; Patient has been on gabapentin and has left shoulder x- ray and also x-ray of hips	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness noted by 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WENT TO PHYSICAL THERAPY TWO WEEKS BUT TOO UNCOMFORATABLE TO ENDURE; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; HYDROCODONE-APAP 325M/10MG	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	When he came in he was having tingling and pain in L and bottoms of feet were numb; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will send x-ray report and chart notes; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsen pain that radiates down her right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-ray the L-spine shows preservation of disc spacing and alignment. He is having some pain radiating down the back of the right leg which could be sciatic involvement but I cannot rule out the possibility of a radiculopathic issue.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	XRAY WAS DONE AND RADIOLOGIST RECOMMENDS TO EVALUATE FURTHER MRI WOULD BE NEEDED; 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 RIGHT LOWER SIDED NUMBNESS AND TINGLING AND WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral hip pain radiating to knee and low back; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	cyst; This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain, and pelvic bone pain.; This study is being ordered for trauma or injury.; pt has been having back pain off and on for a while now but on 9/14/16 she had a mva which made this pain worse,; There has been treatment or conservative therapy.; 9/10 PAIN  3/10 ON DAILY BASIS LOW BACK PAIN RADIATES AROUND TO PELVIS WHERE SHE HAD HYSTERCOMY 8 YEARS AGO. STATES WHERE THE INCISION IS IS NUMB BUT WHEN PRESSES ON IT HAS PAIN.; pt was given pain medications as well as a muscle relaxer	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt heard pop in back followed by numbness and testicular pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. has had an x-ray and suggests a mass. Pt. has spondylitis in the back.; 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.	1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening incapacitating pain to LS spine secondary to recent fall; 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.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; There has been treatment or conservative therapy.; low back pain, hip pain; physical therapy	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2016; There has been treatment or conservative therapy.; R/O tumor; Bland diet, increased liquids, ultrasound, hyperechoic area in left lobe of liver	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Abnormal CT scan; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; September 2016; There has not been any treatment or conservative therapy.; Adrenal nodule found on previous imaging	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	MRI Left hip has been approved and doctor is wanting to do a pelvic MRI in conjunction. patient has failed PT, Nsaids and is having weakness and limited ROM.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; chronic back pain and right hip pain	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Did PT 1 year ago and got some relief. Notes even before trying to catch dog, her back was still bothering her in lower lumbar spine with radiation to hips and also having pain of buttock region. Has been doing exercises at home with minimal relief. Canno; There has been treatment or conservative therapy.; lower lumbar spine pain with radiation to hips and also having pain of buttock region.; Has been doing exercises at home with minimal relief. Cannot tolerate oral nsaid well. Muscle relaxant providing minimal relief. Aggravated by bending/twisting. Other than dog, has been trying to minimize heavy lifting.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	PATIENT HAD ABNORMAL CT ABDOMEN/PELVIS THAT SHOWED 2 LESIONS IN SPLEEN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	patient has pain from falling off of a horse; This study is being ordered for trauma or injury.; 10/03/16; There has been treatment or conservative therapy.; t-spine pain, l-spine pain, pelvic pain, l shoulder pain; prednisone, percocet, vimovo	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Pt. reports for 1 year now she has had pain in bilateral gluteal area. This pain is only with sitting on soft things. She can sit on hard surfaces most of the time without pain. She states laying down and standing does not hurt. There is no low back ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	right leg has been hurting, constant pain, numbness and coldness. Candidate for epidural; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; lumbar back pain, right hip; Muscle relaxers and anti inflammatory	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	sacroiliac pain progressively worsening and unrelieved with OTC and prescription analgesics. Patient is also a diabetic.; This study is being ordered for trauma or injury.; 11-12-16; There has not been any treatment or conservative therapy.; Severe pain left sacroiliac and down her left leg.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	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.; 11/30/2016; There has been treatment or conservative therapy.; Pt is having pain in the abdomen and pelvis area; Pt had a CT and showed a mass on her liver	1
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; january 2016; There has been treatment or conservative therapy.; pain; surgery 3/9/16,	1

General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	2
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.	4
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has ongoing pain for 2 months and saw doctor on 10/18/16 to discuss.; It is not known if there has been any treatment or conservative therapy.; pt is having elbow and forearm pain. had x-rays that were normal.	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If   No Info Given  patient having pain and swelling in shoulder area and has history of surgery for rotator cuff repair; There has not been any treatment or conservative therapy.;	1

General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Patient is still having pain and weakness in her right wrist and hand from a fall.; This study is being ordered for trauma or injury.; Patient fell and hurt her right wrist and was seen at ER on 12/4/16; There has been treatment or conservative therapy.; Weak limb, sharp tingling pain; resting, with ice, pain releavers	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Pts previous MRI showed abnormal.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/29/2016; There has been treatment or conservative therapy.; Right shoulder pain radiating down right arm. abnormal mri, supraspinatus tendon tear; Pt has had previous xray and MRI which showed abnormalities. Pt has taken tylenol and cyclobenzaprine	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	RIGHT ARM/SHOULDER PAIN FOR MORE THAN A MONTH. CURRENTLY UNDERGOING CHEM FOR LYMPHOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	4

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; pain, muscle spasms, tenderness and depression; medications and physician directed exercises,	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months; There has not been any treatment or conservative therapy.; Chronic pain with weakness , tingling in hands	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; There has been treatment or conservative therapy.; KNEE/ CHRONIC LEFT KNEE PIAN IN THPAST AUTHROSCOPY /ALSO MAY BE MENISCUS TARE; INSAIDS	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/25/2016; There has been treatment or conservative therapy.; Meds; xray	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 weeks; There has been treatment or conservative therapy.; mbr trauma 4 weeks ago and is having neck and shoulder pain; medication	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; january 2016; There has been treatment or conservative therapy.; pain; surgery 3/9/16,	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; "third week of septemper"; There has been treatment or conservative therapy.; pain; pt, pain medications	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/16; There has been treatment or conservative therapy.; Pain in back radiating in to l shoulder; Pain prescription	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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.; otc pain meds and rx pain meds; The patient received medication other than joint injections(s) or oral analgesics.	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; The requested study is a Shoulder MRI.; The 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	3
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 18, 2016; There has been treatment or conservative therapy.; pain in neck and shoulder, limited range of motion in both; Physical therapy, ibuprofen, flexeril, and tramadol	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; lower back pain 9/27/16; shoulder pain 11/26/16; There has been treatment or conservative therapy.; patient has pain when reaching above shoulder or behind bac. Pt's low back pain has worsened and is now having R hip and radiating pain into R buttock and down into lateral R LE. Pain is burning and stinging. Worse with standing.; pt has tried steroids and Ibuprofen 600 mgs BID. Pt also has been seeing a chiropractor.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has ongoing pain for 2 months and saw doctor on 10/18/16 to discuss.; It is not known if there has been any treatment or conservative therapy.; pt is having elbow and forearm pain. had x-rays that were normal.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 12/08/16; There has been treatment or conservative therapy.; Decreased range of motion, joint pain, joint stiffness. Patient can not lift her above her head, she can not move it at all. Neck pain , neck stiffness, can't turn her neck.; Patient has done physical therapy. and patient has had a xray	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If   No Info Given  patient having pain and swelling in shoulder area and has history of surgery for rotator cuff repair; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; MVA Nov 8, 2016; There has been treatment or conservative therapy.; Neck pain shuolder pain decreased ROM; Medication Slings CTs showed DDD, no fxs	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	11/23/16 - Patient to be evaluated for shoulder pain. He complains of right shoulder pain. The location of the pain is deep. It radiates to the arm, elbow, forearm, wrist, and hand. The pain initially started several months ago. There was no obvious; 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.; no change - in home passive/active ROM - started 09/27/16; 09/27/2016 - Celestone 6mg IM 09/27/16 - Ibuprofen 600mg 1tab bid 09/27/16 - Tramadol; The patient received medication other than joint injections(s) or oral analgesics.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	abnormal (+empty can test right shoulder with pain and weakness). Joints, Bones, and Muscles: no contractures, malalignment, or bony abnormalities and limited ROM (moderate-severe right shoulder to internal rotation) and tenderness (mild right shoulder at; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	called will fax; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given Pt says his right elbow started swelling and is bruised since yesterday morning. he does not recall injuring it. It is warm to the touch and very painful. the skin is sensitive. he has a large brui; 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

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	History of Neck cancer.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; Pt suffers with shoulder pain with movement, swelling and palpitations. Radiates for neck to shoulder. Pt has history of neck cancer.; NSAIDs	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	left shoulder pain, comes and goes, from old 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 not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has been treatment or conservative therapy.; h/a, shoulder pain, nausea; meds	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patients pain has increased in the last two weeks after a steroid shot.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pain in shoulder and arm; This study is being ordered for a neurological disorder.; Atrophy of muscle; numness and tingling; There has been treatment or conservative therapy.; weakness ,numbness and tingling; Physical therapy and medication	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient can not move his arm after 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has decreased ROM and weakness in arm due to injury and has not improved over time; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER
EXTREMITY

Radiology Services
Denied Not
Medically
Necessary

Patient has had prescription medication, injections of Lidocaine and Kenalog, home exercises to rehabilitate, chiropractic treatment, acupuncture treatments, and pain management specialist that gives prescription medication. Patient continues to be in pai; This study is 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 08, 2015; There has been treatment or conservative therapy.; Pain in back and right arm along with numbness and tingling in right arm.; Patient has had prescription medication, injections of Lidocaine and Kenalog, home exercises to rehabilitate, chiropractic treatment, acupuncture treatments, and pain management specialist that gives prescription medication. Patient continues to be in pai

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>Patient has had right arm numbness and tingling. Patient has underwent conservative treatment since 10/27/2016 with no improvement. Patient states he has been working with chiropractor with no improvement. Patient has history of cervical degeneration as 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.; 10/27/2016; There has been treatment or conservative therapy.; Patient significant cervical and arm pain. The pain radiates down his right upper extremity he reports that the 1st, 2nd, 3rd, and 4th fingers are involved. He has right extremity weakness.; Patient has been working with chiropractor for about 10 visits and has not had an improvement. Patient has had acupuncture therapy as well as manipulation with no improvement. Patient has also tried steroids with no significant improvement. Patient is cur</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>patient has pain from falling off of a horse; This study is being ordered for trauma or injury.; 10/03/16; There has been treatment or conservative therapy.; t-spine pain, l-spine pain, pelvic pain, l shoulder pain; prednisone, percocet, vimovo</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>patient has right shoulder 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.; 11/11/16; There has been treatment or conservative therapy.; right shoulder pain; mobic</p>	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient hit head at ballgame on stands, he has had conservative treatment and is still experiencing symptoms of dizziness and neck/shoulder pain; This study is being ordered for trauma or injury.; 09/10/2016; There has been treatment or conservative therapy.; dizziness with neck and shoulder pain; muscle relaxers, nsaid, therapy. steroid	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient is still having pain and weakness in her right wrist and hand from a fall.; This study is being ordered for trauma or injury.; Patient fell and hurt her right wrist and was seen at ER on 12/4/16; There has been treatment or conservative therapy.; Weak limb, sharp tingling pain; resting, with ice, pain releavers	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt is unable to move her arm without pain involved.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt. is complaining of left shoulder pain that has gotten worse over the last few months. He is experiencing numbness and tingling that radiates down his left arm. Pt. has been taking hydrocodone for pain.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pts previous MRI showed abnormal.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/29/2016; There has been treatment or conservative therapy.; Right shoulder pain radiating down right arm. abnormal mri, supraspinatus tendon tear; Pt has had previous xray and MRI which showed abnormalities. Pt has taken tylenol and cyclobenzaprine	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	R/O tendon tear of shoulder , R/O tendon tear of knee; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; Knee pain, chronic shoulder pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	RADIOLOGIST RECOMMENDS DUE TO SOFT TISSUE SWELLING OVERLYING THE PIP JOINT THE ETIOLOGY UNCLEAR NO EVIDENCE OF A FOREIGN BODY OR UNDERLYING FX SEEN; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN, PT STATES COMING AND GOING FOR 6MONTHS; There has been treatment or conservative therapy.; JOINT SWELLING, PAIN TO 3RD DIGIT L HAND CYCSTIC LESIONS HARD TO TOUCH, AND PER XRAY SOFT TISSUE SWELLING OVERLYING THE PIP JOINT; LABS DRAWN, XR DONE RADIOLOGIST RECOMMENDS MRI W AND WO	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Recent shoulder injury by lifting a gun safe.  Decreased range of motion; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Referred patient to neurology for treatment. MRI required before they will schedule her.; This study is 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.; Pain in both wrist for the last few years, has gotten worse since patient returned to school and is taking notes in class.	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	RIGHT ARM/SHOULDER PAIN FOR MORE THAN A MONTH. CURRENTLY UNDERGOING CHEM FOR LYMPHOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Shoulder shows abnormalities; This study is being ordered for trauma or injury.; 04/29/2016; There has been treatment or conservative therapy.; Right Arm and Right shoulder Pain with numbness; Xrays  Prescriptions	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The Pt had recent injury. referred to orthopedist requesting MRI.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	4
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	3
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Enter answer here - or Type pt is c/o acute left shoulder pain with numbness in the upper extremity	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Injury caused by trauma conservative treatment has failed	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; L SHOULDER PAIN ON MOVEMENT.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; LEFT SHOULDER PAIN, EPISODE OF "CLIMBING IN HER HUSBANDS BIG TRUCK AND SLIPED AND GRABBED THE STEERING WHEEL, AND JERKED HER ARM, HAS BEEN HURTING SINCE, LOCKED UP WHILE DRIVING 10/23/16 " PT STATES.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; MRI L shoulder to assess any rotator cuff etiology to his symptoms. c/o left shoulder pain for 48 hours. States "it's snappin and poppin." No known injury, hx of chest wall surgery and has had probs with shoulder even since. The symptoms are aggravated by	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PARESTHESIA WEAKNESS	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient fell and injured shoulder. Tried injection and Nsaids with out any relief	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient fell approximately one month ago. He has tried OTC Nsaids, prednisone pak, cyclobenzaprine, rest, ice, etc. No acute findings on xray other than evidence of previous clavicular fx. Requesting MRI for further evaluation of the injury.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has had right shoulder pain for the past year, radiates down into right arm, does heavy lifting and pushing and pulling on a daily basis.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PATIENT IS HAVING PAIN IN RIGHT SHOULDER	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Recurrent shoulder dislocation.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; RIGHT SHOULDER IS PROG WORSE; PAIN IS ALMOST CONSTANT; PLAIN FILM XRAYs HAVE BEEN OBTAINED AND DOES NOT SHOW ANY FRACTURE	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; RIGHT SHOULDER TEND TO MINOR MANIP AND ROTATIN SENS INTACT; NO KNOWN INJURY OR TRAUMA	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; status post fall about 3-4 weeks ago, pain in shoulder and has tried conservative therapy for 3 1/2 weeks	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; The shoulder pain started weeks ago, pain is located in the left shoulder, Onset of the shoulder pain followed an injury from a fall, Worsening Yes, The nature of the pain is sharp pain with motion, The severity of the pain is moderate, Aggravating f	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; trauma	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unknown	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; he presents with history of shoulder pain. he complains of left shoulder pain. The location of the pain is deep. It does not radiate. The pain initially started one year ago. The apparent precipitating event was frequent overhead activity with arms.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient complaints of left sided shoulder injury 6 months ago. His pain is spontaneous and he has decreased range of motion.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has left shoulder pain from an mva 2 years ago	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has shoulder pain and cannot move shoulder, also has joint and muscle pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient is having shoulder pain. He says he feels like a muscle is being pulled around his heart.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient unable to lift with left arm, decreased range of motion, cannot raise arm above head, has abnormal xray	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Pt has had AC separation in the past. Having pain with ROM	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; R shoulder tenderness, pain on motion, limited ROM	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulder pain, rt shoulder pain with limited rom. pt can abduct to approximatly 150 degress with pain at 80.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; spoke to pt stated that he has had shoulder pain for the past 2 years,	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; The pain is present in the right shoulder. The current episode started 1 to 4 weeks ago. There has been no history of extremity trauma. The problem occurs constantly  tenderness, positive for arthralgia, limited range of motion. Mild spurring at the acr	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; The ordering physician is not an orthopedist.; ; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	3

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; HAVING PAIN FOR OVER THE MONTH, LIMITES RANGE OF MOTION , NOT ABLE TO LIFT	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; History / Dx: M25.511 Acute pain of right shoulder Duration of Symptoms: Start: 11/22/2016   Physical Exam Findings: Pain and difficulty with moving right shoulder.  Preliminary Procedures  Already Completed: Procedure Date: 11/22/2016	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain with decreased rom in abduction to 150 degrees and external rotation decreased rom, no abnormalities on x-ray.  patient injured at work lifting heavy material, symptoms x2 weeks.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; MDO discussed PT w/ Pt but has not started, encouraged to do ROM exercises and is currently on medication	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; none	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient had fall approximately 5 months ago and injured shoulder, x-ray is negative but she continues to have apin and limitation of ROM.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt is having shoulder pain after picking up an object and her shoulder came out of socket, hurts when she raises her arm up.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt was playing a sport and felt a 'pop' while throwing a softball. Pt is in severe pain and limited range of motion and no range of motion without pain.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt. came in complaining of right shoulder pain after falling at home one week ago. She has since then started physical therapy and was given muscle relaxers. She has not had any improvement since.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; radiculopathy with pain and tingling	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Rt Limited Range of motion secondary to pain, negative impingement	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; see attached clinical notes.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; shoulder pain	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; weakness left arm; poor grip; unable to raise arm; pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; injury to rt shoulder, possible RCT, loss of abduction	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; rule out shoulder mass; The patient has not had a recent CT of the shoulder.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; < Enter answer here - or Type In Unknown If No Info Given. >	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	2
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	2
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.</p>	1
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General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 2 months ago; There has been treatment or conservative therapy.; shoulder pain, burning and tingling radiating from shoulder up into the neck; at home exercise, nsaid, anti-inflammatory	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2016; There has been treatment or conservative therapy.; Pain, muscle spasms, tenderness and depression,; Medications	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 03/2015; There has not been any treatment or conservative therapy.; sharp pain, decreased mobility	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; pain radiating to the buttocks; pain radiating to the legs; popping/clicking of left shoulder; Patient has been on gabapentin and has left shoulder x- ray and also x-ray of hips	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	xrays were done of left shoulder, c-spine, and left clavicle were unremarkable; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; pain to left shoulder with radiation to cervical spine and left arm, constant, but worsens with movement, weakness to left arm, restricted ROM due to pain; muscle relaxers, Nsaids, pain shot, steroid inj	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	3

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/09/2015; There has been treatment or conservative therapy.; He has intermittent leg cramps when walking and has discoloration and flaky to both lower legs. He has had arterial doppler of both lower extremities but due to his size they were unable to get good visualization.; Prescriptions 02/09/2015 continued today	2
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No Info Given ; ; 11/08/16; It is not known if there has been any treatment or conservative therapy.;	2
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Enter answer here - pain meds, nsaid and specialist have been done with no relief.rheumatolgy; This study is being ordered for Inflammatory/ Infectious Disease.; Enter date of initial onset here - 9/2/16; There has been treatment or conservative therapy.; Describe primary symptoms here - chronic hip, back and knee pain; Describe treatment / conservative therapy here - regular exercise and pool therapy	2

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	R/O lesion of bone; Determine cause of radiculopathy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Pt is c/o of low back pain with radiculopathy to the RLE. She also states that with certain movements her "hips become dislocated" and she has difficulty with ambulation when this occurs.; Pt has been treated with steroids, muscle relaxers, NSAIDS, and pain medications. She has also been using heat, massage, and stretching, as well as, modified ADLs.	2
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General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient 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.	1
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General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 8/21/2016; There has been treatment or conservative therapy.; SWELLING/PAIN; WE HAVE DONE MEDICATIONS FOR INFLAMATION AND ICE AS WELL	1
General/Family Practice	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	3
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; pulses decreased on both sides and tingling; This is a request for a bilateral ankle MRI.	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	3

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/30/2016; There has been treatment or conservative therapy.; Headache , , blacked out , pain over right eye , numbness to right side of head; Medication	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; pain; Over the counter pain meds	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; N/A; There has been treatment or conservative therapy.; KNEE/ CHRONIC LEFT KNEE PIAN IN THPAST AUTHROSCOPY /ALSO MAY BE MENISCUS TARE; INSAIDS	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6 years ago; There has been treatment or conservative therapy.; pain; medication	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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.;	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/16; There has not been any treatment or conservative therapy.; pain	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	abnormal x-ray was taken; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	acute significant knee pain after fall; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	bilateral knee pain and lumbar pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-12-16 approx; It is not known if there has been any treatment or conservative therapy.; pain in mid back and pain to both knees	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Chronic 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.; 09/2016; There has been treatment or conservative therapy.; Chronic pain in knee. Chronic pain in shoulder with radiation. Pt has right sided sciatica.; Medications, heat and rest.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Un fell and hurt right knee . HPI:  Current Medication:  Taking Allopurinol 100.0 Milligram Tablet TAKE 1 TABLET BY MOUTH DAILY Orally Once a day   Fenofibrate 54 MG Tablet 1 tablet with a meal Oral; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given Patient had a atv accident now having Right Knee pain with Swelling due to accident; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Findings from X-ray suggests an MRI; This study is being ordered for Inflammatory/ Infectious Disease.; Unclear. Patient has had chronic knee pain for several years; There has been treatment or conservative therapy.; Chronic bilateral knee pain; Patient has received injections and has tried several medications with no change	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	KNEE PAIN FROM 13 YEARS AGO; JOINT STIFFNESS; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if patient has completed and failed a course of conservative treatment.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee pain and instability. Concern for medial collateral and meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	left knee pain; continued pain; knee pops when walk; knee swells; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	N/A; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; 8/8/2016; It is not known if there has been any treatment or conservative therapy.; Pain in the right knee.	3
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/4/2015; There has been treatment or conservative therapy.; Chronic pain to the hip and knee.; Home exercise, and medication.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	neg x-ray, instability in the 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none given; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-5-2016; There has not been any treatment or conservative therapy.; Right knee and ankle pain, suspected tears	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; None; It is not known if there has been any treatment or conservative therapy.; None	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	NONE; This study is being ordered for trauma or injury.; 10/17/2016; There has been treatment or conservative therapy.; NONE; X-Ray	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient had plain x rays that were unremarkable.; This study is being ordered for trauma or injury.; one month, 11-19-16; patient fell in shower; There has not been any treatment or conservative therapy.; right knee joint line tenderness, pain	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has acute pain in left knee greater than 1 month since injury. Limited ROM and swelling to left knee noted.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has ongoing, chronic pain in left knee. The joint will also dislocate at times.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient is in a lot of pain. She cannot sleep or get comfortable in any position as it hurts at rest too.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient states she has had this pain for over three years and it is getting worse. she can feel the grinding when she moves her knees. It is starting to interfere with her work; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/05/2016; There has been treatment or conservative therapy.; Patients knees hurt all the time. She states that when she is walking she can feel the bone grinding.; Patient was given norco, NSAID, flexeril, meloxicam, and treated with steroids.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	persistent R knee pain/popping, XR was negative, has been in PT without improvement; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has had previous surgery on knee and has failed conservative therapy.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt is having a hard time walking because she feels like she is unsteady and going to fall, has don't physical therapy for this; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	r/o atheritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/12/2015; There has been treatment or conservative therapy.; knee pain and instability; PT, medication	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	r/o degenerative disc disease; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R/O fracture; This study is being ordered for trauma or injury.; 08/23/2016; There has been treatment or conservative therapy.; Left ankle and foot pain, limited ROM, instability and swelling; Medications, physical therapy	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R/O meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Radicular pain in left lower extremity; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Thigh left pain, pt states if she turns left foot a certain way she gets "charile horse" in her calf, pain in upper thigh-has had DVT in groin area before that feel very similar to the pain she is having now-no injury/no pain that she knows of, no erythem; There has not been any treatment or conservative therapy.; upper left thigh pain	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	reinjured knee and came n on 9/22/2016 to be seen. X-ray was performed showing the need for an MRI. X-ray was negative and she is still having the pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	right knee pain, having pain for several weeks, popping, patient has had physical therapy, arthroscopic surgery right knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right knee pain, locking at times with unsteadiness.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	see attached documents; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	see uploaded OV; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	tenderness of the patellar aspect, the suprapatellar aspect, the infrapatellar aspect, decreased range of motion; pain with range of motion; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The knee pain has been present for many years, The pain is located in the right knee, Onset of the pain was sudden, began after a fall, Severity of the pain is severe, The nature of the pain is pain with climbing stairs, sharp, Aggravating factors i; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
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General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
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General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
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General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
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General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being ordered 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; severe pain after surgery, left . surgery in July in meniscus tear, unstable in standing,; Post-operative Evaluation	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a 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.	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a 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.	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	11
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 06/30/2016; There has been treatment or conservative therapy.; patient unable to bend her knees, has long standing arthritis with narrowing seen on xrays, patient has joint swelling with gait problems.; 2 follow up visits since 6/30/16 with Decadron shots, Hydrocodone given, patient continues to have pain, joint swelling, with gait problems	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/27/2014; There has been treatment or conservative therapy.; Pain; PT and home exercises	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Appox. onset was 4 weeks ago. patient has history of previous RT ankle fracture x2.; There has been treatment or conservative therapy.; Tenderness on palpation of the ankles, muscle spasm of the ankles, and tenderness was observed on ambulation in the ankles.; Right Ankle: Right ankle was examined tenderness on palpation and tenderness was observed on ambulation.; Palpation of the foot re; Patient has not had relief with physical therapy or medication therapy.	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2015; There has been treatment or conservative therapy.; Patient has been experiencing constant moderate pain in bilateral knees. He states that his pain becomes severe when he assumes a crouched position.; Patient has taken OTC pain relievers for the past year with no relief.	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Steroid pack, injections	1

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2010; There has been treatment or conservative therapy.; lower back and with and or with out weight barring neuropathy; pain management	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2/1/2016; There has been treatment or conservative therapy.; back pain, pain radiating down left hip and leg, left hip pops out of place.; She has been on medication.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections and PT	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for 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.; ;	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 07/06/2015; There has been treatment or conservative therapy.; pain; PT and medication	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	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.; 8/8/2016; It is not known if there has been any treatment or conservative therapy.; Pain in the right knee.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	swelling in hip-can't walk can't bear weight ,; 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
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2

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

Disapproval

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

Radiology Services
Denied Not
Medically
Necessary

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

General/Family Practice

Disapproval

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

Radiology Services
Denied Not
Medically
Necessary

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

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/27/2014; There has been treatment or conservative therapy.; Pain; PT and home exercises	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	X-RAY WAS NAROMAL HAVE HISTORY OF DVT; This study is being ordered for Inflammatory/ Infectious Disease.; two weeks ago; There has been treatment or conservative therapy.; Pain with sitting and walking; Medication was given not working for the pt	2
General/Family Practice	Disapproval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<Additional Clinical Information>; Is this a request for one of the following? MR Angiogram lower extremity	1

General/Family Practice	Disapproval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt having hip pain schedule orthopedist; Is this a request for one of the following? MR Angiogram lower extremity	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for 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	2
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016; There has not been any treatment or conservative therapy.; pain	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for 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	2
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2014; It is not known if there has been any treatment or conservative therapy.; Headaches, Daily nucha to pancephalic headaches getting worse with neck pain and grinding, Abdominal Pain	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain, tenderness noted to the right side; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ct Abdomen being done for Elevated Liver Enzymes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Liver lesions, 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	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mass found using ct; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a history of umbilical hernia, chronic abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has a knot on her back side pt is report tenderness to the RT side of the 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.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having unexplained left 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	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient reports stomach upset and nausea with abt. Pt reports pain lower in the abd. Pain 9/10 on pain scale. Palpable Nodule in epigastric area.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient seen in office for abdominal pain. Lab work shows elevated liver functions as well as erythrocytosis and hemoconcentration.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	RIGHT LOWER ABDOMINAL PAIN FOR THE PAST 2 MONTHS, NO DIARRHEA OR CONSTIPATION, HAS HAD HISTORY OF HERNIA BUT STATES THE PAIN IS DIFFERENT.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out diverticulitis. Patient has a fever.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>seen 11/8 and 11/9/16 for cont'd pain so doctor is rqsing test; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>the Pt has nausea, abdominal pain, referred to GI, vomiting, pain in side constant. right lower quad pain radiating into thigh.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
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General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; 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.	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	went to ER 2 weeks ago d/t abdominal pain, N/V and chest pain. It was found that her D-Dimer was elevated, she was given Lovenox injection and taken for CT of chest which was negative for PE and LE venous Doppler negative for DVT. She was sent home and ; 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 not newly diagnosed, it's known previous history.; There are NO new signs or symptoms.	1
General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is 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.; unknown	1
General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	4
General/Family Practice	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-10-16; There has not been any treatment or conservative therapy.; back pain	1

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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; unknown	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has abdominal and chest pain with SOB. She had chest film done that showed nodules in the left lobe. Recommended CT chest without contrast for further evaluation. She had abdominal CT 3 months ago that recommended repeat in 3 months due to nodule ; There has not been any treatment or conservative therapy.; Abdominal pain, SOB, Heaviness in chest, sweating.	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ABD Pain continues for 2 years.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ABDOMINAL AND CHEST PAIN. LEFT LEG PAIN AS WELL AS WEAKNESS. INTERMINTENT.; This study is being ordered for a neurological disorder.; 10/2016; There has been treatment or conservative therapy.; Weakness in left legs, goes out randomly then comes back, weight loss, 10/2016 was 230lbs and 207lbs as of 12/19/2016, and constipation.; PLAIN FILMS, MEDICATION, CARDIAC EVALUATION, MEDS FOR BLOOD PRESSURE CONTROL, ER VISITS(3 DIFFERENT HOSPITALS) DOPPLER ULTRASOUND OF ARTERIES.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal palpation revealed abnormalities - tenderness in the right abdomen.right-sided abdominal pain for about four months. She had a cholecystectomy due to a large stone. On last month's appt she tested positive for H. pylori and was given treatment.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 chronic pain.; This is not the first visit 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal spasms, nausea gastritis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal symptoms discussed, PPI started. CT ordered for further evaluation. Patient to proceed to the ER should his condition worsen. Consider GI should symptoms persist.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient here for evaluation of abdominal pain. He notes his symptoms have been present for the last couple weeks and seem to be getting worse. He notes the symptoms are worse when he lays down and will improve after he eats. He has had some bouts of diarr; There has been treatment or conservative therapy.; Patient here for evaluation of abdominal pain; medication given	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	having abdominal pain, and abdominal distention, low back pain with left leg pain and weakness, can not lift leg or stand for any lenght of time, loss of appetite; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	hematuria, pain, 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	New onset of extreme left abdominal pain, constant but worse when lying down. Pain starts at the umbilica and radiated to left flank area. Pt was seen in the ER last night and is here again in clinic today, needs diagnostic imaging for further review.; This is a request for an abdomen-pelvis CT combination.; This study is being 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient experiencing continued abdominal pain from motor vehicle accident patient states she had 11/02/2016. Patient was prescribed muscle relaxant medication and continues to take as prescribed for 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has abnormal blood cell count and abnormal labs. Possible infection due to worsening abdominal pain and shortness of breath; This study is being ordered for Inflammatory/ Infectious Disease.; 10/2/16; There has been treatment or conservative therapy.; Patient has been having worsening cramping abdominal pain for 2 months. She has also had onset of shortness of breath. She has an elevated white blood cell count as well as other abnormal labs. Possible infection.; Patient has been given inhalers for the shortness of breath with no relief. Has tried changing diet, has treated constipation with miralax and stool softeners for the abdominal pain with no relief	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been having unexplained weight loss for several months now and is eating normally not feeling well and Needs further evaluation to see what is causing this weight loss.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having chest pain and abdominal. Patient has had liver mass in past. Ruling out mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having discomfort of the abdominal and chest. Patient is needs these Ct's preformed dues to shes having pain starting in the Chest and radiating down into the upper abdomen.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has not been any treatment or conservative therapy.; Abdominal Pain and Chest pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having severe abdominal pain and constipation. when she takes stool softeners she gets severe 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient presents with left upper quadrant pain requiring medical imaging to determine is he has a renal stone.; 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pelvic ultrasound was performed - Negative Urine test - Negative L/R Upper 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Possible kidney stones, 2-3 week low back pain and dark urine.; 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Preg-urine 11/09/2016 12:02 TestResult:Preg-Urine-neg UA,Automated,W/O microscopy 11/09/2016 12:02 TestResult UA Glucose-neg UA Bilirubin- neg UA Ketones-neg UA Specific Gravity- 1.015 UA Blood-neg UA PH-6.0 UA Protein-neg UA Urobilinogen-0.2 ; This is a request for an abdomen-pelvis 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAS BEEN HAVING SEVERE ABD PAIN FOR MONTHS NOW. HE HAS BEEN SEEN BY DIFFERENT PROVIDERS BUT STILL HAS SOME PAIN THAT HE DESCRIBES AS A BURNING PAIN AND LIGHT HEADNESS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has been through therapy and tried medications, she has no relief and needing this study to be done; This study is being ordered for Inflammatory/ Infectious Disease.; august 30, 2016; There has been treatment or conservative therapy.; Pt is having abdominal pain on the right side and having headaches with amnesia; physical therapy for 6 wks	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has history of kidney stones. She presents with same symptoms as before. Flank pain and hematuria present; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; N & V abd pain constipation	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;	2
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; abdominal pain and weight loss	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is NOT requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is not for planned or possible ventral hernia repair ordered by a surgeon.; The pre-op evaluation is not for a known tumor excision.; The pre-op evaluation is not for a known abdominal infection.; Pre-op or post op evaluation; Pt was lifting something and developed pain in her R lower abd. Pt says she feels something pushing out at times. Patient had a shunt put in and her stomach was opened in the process and we are trying to send her to a surgeon for a hernia. They are requ	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;</p> <p>&lt;Enter Additional Clinical Information&gt;</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;</p> <p>&lt;Enter Additional Clinical Information&gt;</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;	2
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>	2
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Abdominal Right lower quadrant pain, 2015 CT showed inflammation.</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient has right lower abdominal pain for two weeks with nausea and diarrhea . her CBC was in all in normal range. Urinalysis was abnormal .</p>	1
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General/Family Practice

Disapproval

74176 CT ABD & PELVIS W/O
CONTRAST

Radiology Services
Denied Not
Medically
Necessary

This is a request for an abdomen-pelvis CT combination.;
There are NO abnormal lab results or physical findings on
exam such as rebound or guarding that are consistent with
peritonitis, abscess, pancreatitis or appendicitis.; This study
is being ordered for another reason besides Crohn's
disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative
Colitis, Diverticulitis, or Inflammatory bowel disease.;
There are no findings that confirm hepatitis C.; Infection
such as pancreatitis, appendicitis, abscess, colitis and
inflammatory bowel disease; No, the patient has not been
seen by a specialist or are the studies being requested on
behalf of a specialist for an infection.; patient is still having
pain after surgery, despite the ultrasound and pipida
scans. patient needs high tech imaging to further form a
successful treatment plan.

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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; The course has been stable and nonprogressive. It is of severe intensity. He estimates that the frequency of symptoms is daily. The typical duration of an episode is constant. Aggravating factors include driving and mowing lawn. Symptoms are relieved	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	11
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	11

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abd pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINAL DISTENTION AND SWELLING	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain , nausea	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain in right lower quadrant	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, alternate constipation and diarrhea, hx of gastric bypass.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, LLQ tenderness, pain is getting worse, nausea, frequent diarrhea, abd pain on llq, this has happened several times over last few months, pt sweats with this pain and is very dizzy with this pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain, ultrasound showed moderate fluid in pelvic area.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; acute abdominal pain and acute midline thoracic pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Chronic abdominal pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Chronic abdominal pain, history of diabetes	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; discomfort ; diarrhea	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Left lower quadrant pain, constant pain, change in bowel habits, constipation alternating with diarrhea, heartburn, nausea, stomach upset	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; left upper quad tenderness, right lower quad tenderness, concerned for diverticulitis, patient had positive campylobacter culture, soft bowel movements and lower abdominal cramping, mucus in stool	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; lower abdominal pain; rebound tenderness; low grade fever; nausea; diarrhea	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; needing further evaluation on umbilical hernia. Patient also has testicular mass	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; none	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain in left side of abdomen. 3 weeks. Pain spreads from left side of abdomen to whole left side.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain in LLQ since 05/2016 and not getting better	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain radiating rib cage area and stomach.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has a hernia in left lower quadrant	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has ABD pian	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has been having stomach pains for the last 3 months.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has been seen twice for RUQ pain, ultrasound just showed Fatty Liver, pain has been going on for 1 month. H-Pylori test done today was negative.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has had Lower Right Quadrant Abdominal pain in excess of 6 weeks. Causing difficulty with ambulation and daily ADL's . Likely inflammation abdominal/pelvic	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has tenderness to lower right quadrant to palpation.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient is having severe abdominal pain.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient presents with worsening abdominal pain requiring further work up to determine source of pain.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient reports abdominal pain, diarrhea, normal colonoscopy treated for pain with antibiotics which isn't helping patient takes dicyclomine, left sided pain been going on for 6 mos been treat for uti several times hasn't helped diarrhea hasn't improved,	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PATIENT WAS POSITIVE FOR MONO FEW WEEKS BACK AND STILL COMPLAINS OF ABDOMINAL PAIN	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; persistant constipation, not responding to medications	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Possible inguinal hernia	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; prostate problems	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PT HAS BEEN HAVING MAJOR ABD PAIN THAT HAS NOT GOTTEN BETTER WITH MEDICATIONS	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt. came into the clinic on 11/10/2016 complaining of RUQ tenderness. She has been complaining of diarrhea, fever, burning in her stomach.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt. is having unexplained abdominal pain. Complete abdominal ultrasound came back normal.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O cyst and this follow up to make sure cyst is not back , MBR has Hx of UTI, MBR is have pain in abdomen area	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Right lower abdominal pain	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Unexplained abdominal pain, chronic constipation, patient has diarrhea, cramping and bloating	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unremitting pain ./pain in pelvis/ pain in bladder radiation to the back	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Vaginal Bleeding with Abdominal Pain. Hysterectomy 2.5 years ago.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Will fax.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; worsening abdominal pain started a couple weeks ago, ultrasound was done and it was normal. pt having problems lying down and get nauseated.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Patient is having severe nausea, weakness and elevated liver function test	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Severe pain and rebound tenderness.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Has swollen lymph nodes in pelvis and never got a repeat on the CT. He is now due to have the imaging redone to reevaluate.	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; patient has had abnormal weight loss...over 30lbs in 1 year</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; unexplained abdominal pain</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; Unknown	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	THIS PT HAS BEEN HAVING SEVERE PAIN ON AND OFF FOR A FEW MONTHS NOW AND NOTHING SEEMS TO HELP. THIS PT HAS BEEN ON DIFFERENT TYPES OF MEDICATION AND THOSE DOESNT SEEM TO WORK; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unexplained 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.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2016; There has not been any treatment or conservative therapy.; WEIGHT LOSS, LPD	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	weight loss within last 5-6 months abd pain dysphagia diarrhea nausea elevated white blood count fatigue; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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 abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; There is not a known tumor.; There is not a known abdominal infection.; patient abdominal pain	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Unknown	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; There was a lesion found on the liver during previous CT scan.	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	UA negative; longstanding Hx of smoking; r/o bladder cancer.; This request is for an Abdomen MRI.; This study is being ordered for hematuria.; 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

General/Family Practice	Disapproval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a MR Angiogram of the abdomen.	2
General/Family Practice	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	see notes attached.; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	There is no "Acute Chest Pain" or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; PT had an abnormal MRI of Brain, absence of normal flow void in the carvenous portion of the right internal carotid artery and can be seen in occlusion.recommend CT angiogram of the circle of willis and also Ct Angiogram of the extracranial portion of the; No, there is no Chronic Chest Pain.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; Doppler shows stenosis bilateral	1

General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?; Carotid Doppler report 12/08/2016: Discrepant findings with abnormal Doppler waveforms noted on the right suggesting a 70% stenosis but no grayscale correlate for stenosis. Recommend CTA evaluation	1
General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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 >;	1
General/Family Practice	Disapproval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	Radiology Services Denied Not Medically Necessary	Smoker, nicotine dependence.; Limited or Follow up other than Sinus CT; CT chest limited follow up with contrast.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	; This is a request for Breast MRI.; This study is being ordered 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
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	History of multiple right breast masses and multiple benign biopsies and calcifications.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	lesions seen on mammogram and u/s, r/o malignancy; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	patient has had previous CABG needs to have mammogram but has chest pain so MRI is being requested instead of mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Px has bilateral masses that are inconclusive on mammogram and ultrasound.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	The patient has a history of dense breasts as well as a family history of cancel. Patient's mother had breast cancer and died at the age of 58. The patient's maternal grandfather had basal cell cancer. The paternal uncle died of lung 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

General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	This is for a 6 mo follup up from diagnostic mammogram recommended that she have an MRI; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
General/Family Practice	Disapproval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	Radiology Services Denied Not Medically Necessary	This is a request for a Bone Density Study.; This patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has been on steroid therapy for more than 3 months.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	3
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Admitted to hospital on 12/03/2016 - 12/04/2016 for chest pain. Discharging physician recommended stress test.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	as previously stated.; 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath, fatigue; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	CHEST PAIN - RADIATES TO LEFT ARM TIGHTNESS HEAVINESS DIZZINESS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, tachycardia,palpitations, hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Echo showing LVH, High Blood Pressure.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	EKG came back abnormal, diffused segment evaluation; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type IUNKNOWNn Unknown If No Info Given.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	nose bleeds when blood pressure high, moderate fatigue, palpitations w/ chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient has been complaining of tachycardia shortness of breath and chest pain high blood pressure going on for 2 weeks; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is diabetic, recurring neck pain, hypertension, and family hx of heart disease.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>PATIENT IS HAVING CHEST PAIN AT REST INCLUDING DIAPHORESIS AND SHORTNESS OF BREATH. HAS RISK FACTORS OF DIABETES, HIGH CHOLESTEROL AND HYPERTENSION; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>pt c/o chest pain (tightness) with sob, reports bp really high at ER but was given medication IV and it came down. HTN & Hyperlipidemia. impaired fasting glycemia. ; pt is on pravastatin, chol 180, ldl 109 hdl 51 and lisinopril ; bp 140/80 ; ; pt refu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know</p>	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt has abnormal ekg in ER.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PT HAVING CHEST PAIN OFF AND ON FOR THE PAST 6 MONTHS TO A YEAR, EKG NORMAL R/O CAD.; NO PREVIOUS HISTORY OF CAD.; PT UNDER A LOT OF STRESS.; HAS HTM, HYPERLIPIDEMIA, ANEMIA, GERD, FATIGUE AND ANXIETY; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt is at high risk for CAD due to strong family history,his hypertension,hyperlipidemia,obstructive sleep apnea and obesity. Had episode while walking over to a friend where he became pale, diaphoretic, felt short of breath and thought he was going to pas; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt is having dizziness, chest discomfort, shortness of breath, lasts about 15-20 minutes starting wout warning, diaphoresis; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt was seen at the ER 9/28/16 for chest wall pain, has not had any pain since, wanted to follow up with doctor to discuss exercise plan had normal lab including troponin and cxr. had 1 incident of chest pain lasting less than 1 minute, denies having had s; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt with known CAD and history of CHF having complaints of chest pain; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	2
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	worsening complaints of shortness of breath and chest pain; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
General/Family Practice	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

General/Family Practice	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < 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 >;	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there 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
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	1
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D +-M- MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	4

General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	3 month follow up for pulmonary nodules; 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
Geriatrics	Approval	70450 CT BRAIN, HEAD		Unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient 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
Geriatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Geriatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Geriatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1

Geriatrics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	2
Geriatrics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The pt has memory loss & it's getting worst. She has a family history of dementia. She lives w/her daughter due to the memory loss. Approx 3 yrs ago, she had a car accident & sustained blows to the head.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Geriatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	2

Geriatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Geriatrics	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary	r/o dementia/ alzheimers; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Gynecologic Oncology	Approval	70450 CT BRAIN, HEAD			1
Gynecologic Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Gynecologic Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX			1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX		Restaging and treatment monitoring for leiomyosarcoma of uterus with lung mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		8
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging and treatment monitoring for leiomyosarcoma of uterus with lung mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1

Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY			2
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Gynecologic Oncology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Gynecologic Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD			1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	1. Infiltrating ductal carcinoma of right breast, diagnosed 11/10/11. Mammographically detected right breast mass, s/p core biopsy on 11/9/11 revealing an invasive ductal carcinoma. Underwent lumpectomy w/ SLN sampling by Dr. Hagans on 12/16/11. Prev; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	3 month follow up scans to r/o spread of disease. Previous scans showed: 1-Punctate left lower lobe non calcified pulmonary nodule. 2-Right axillary surgical clips and a few nonspecific small bilater axillary nodes. 4-A couple of punctate nonspecific hyp; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Assess treatment for head and neck cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Dr. looking to rule out mets to the brain; 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

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Evaluate for Restaging IMPRESSION: 1. Invasive ductal carcinoma stage IB, diagnosed 11/16/11. A BMC mammogram on 11/9/11 detected a developing indeterminate small cluster of microcalcifications in the superior central right breast. A right ste; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	EVALUATION FOR POSSIBLE METS TO THE BRAIN... PRIMARY LUNG CANCER WITH BONE 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 sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	History of Hodgkin's lymphoma stage IIA, initially diagnosed in December of 2002. He was noted to have a left axillary lymph node in 1989 which remained relatively stable until 11/02 when it began to enlarge. Non-Hodgkin's Lymphoma, diagnosed stat; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	patient has cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	PET/CT Brain were denied back in August. Pt with testicular cancer with malignant neoplasm of face, head and neck. Follow up scans.Previous scans show: 1-Interval decrease in size involving the left periaortic lymph node and left testicular mass. FDG up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Pt has completed 12 cycles of Chemo and this is follow up to therapy response; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RECCURENT LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RELAPSED FOLLICULAR LYMPHOMA STAGE III; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	Restaging of newly diagnosed lung cancer. PET for initial staging might have been done too soon following surgery and not have given the best picture of disease. CT Head to complete part of the initial staging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING RENAL CANCER AND CECUM CANCER ON TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING SEMINOMA AND LYPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	9

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	4

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	64
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	6 month follow up scans. Last scans show:1-There is a stable 8 mm left subemntal lymph node along with a few subcentimeter level 2A lymph nodes. 2-The 5.7 mm low density lesion in the pancreatic body is only faintly visualized on the current study. 3-The; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Follow up scans to evaluate CLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	History of Hodgkin's lymphoma stage IIA, initially diagnosed in December of 2002. He was noted to have a left axillary lymph node in 1989 which remained relatively stable until 11/02 when it began to enlarge.    Non-Hodgkin's lymphoma, diagnosed stat; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt has completed 12 cycles of Chemo and this is follow up to therapy response; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt has current diagnosed with Hodgkins Lymhtoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RECCURENT LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RELASPED FOLLICULAR LYMPHOMA STAGE III; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING SEMINOMA AND LYPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changig symptoms in the neck.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	18
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	5

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	9
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	7

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	16

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	1

Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye	Follow up scan to rule out recurrence of dural vein thrombosis after treatment with Xarelto. Pt complains of periodic headaches. She has not had reimaging since completing her Xarelto. Last scan done 12/2015.; This study is being ordered for Vascular Disease.; 12/09/2015; There has been treatment or conservative therapy.; headaches periodically; Follow up scan to rule out recurrence of dural vein thrombosis after treatment with Xarelto for 6 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	. Again there is a large mass of tissue in the right pericaval/lesser sac area. The tissue planes are distorted. Underlying malignancy is probable. If closer evaluation is desired a PET CT could be quite helpful.; 2. Again there is a lytic focus in 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	AFTER TREATMENT FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluation of pulmonary nodule and SCLC cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing Clinical; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	3

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Follow up scan to rule out recurrence of dural vein thrombosis after treatment with Xarelto. Pt complains of periodic headaches. She has not had reimaging since completing her Xarelto. Last scan done 12/2015.; This study is being ordered for Vascular Disease.; 12/09/2015; There has been treatment or conservative therapy.; headaches periodically; Follow up scan to rule out recurrence of dural vein thrombosis after treatment with Xarelto for 6 months.

1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Follow up studies to re eval brain cancer. On 10/27/16 Brain MRI it showed: There is a new punctate lesion adjacent to the right frontal horn of the lateral ventricle and there is a new punctate tiny focus of enhancement at the right vertex ther peripher; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	He feels lightheaded at times. He has bad coughing spells intermittently that are associated with his dizziness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches and dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Initial staging of cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	initial staging, clearance for scanning; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING. PATIENT HAS LUNG CANCER.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	localized enlarged lymph nodes R 59.0. COPD J44.9.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Metastatic breast cancer to liver, brain, and bone for follow up scans. Last scans showed: MRI brain-7/7/16- Stable enhancing lesions are seen scattered throughout the brain parenchyma consistent with metastatic disease. PET-7/7/16-Status post right mastec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI done on 10/3/2016 showed lesion concerning for a metastatic deposit. Short-term follow-up MRI study with contrast was recommended; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

numbness down lumbar spine and in foot; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.

1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient is having complications, Dr. Bradford wants to evaluate the regimen the patient is on and make sure it is making sure it is making progress to the patients cancers.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient with known Stage IV breast cancer reporting headaches and dizziness as well as "blacking out" at least twice a day. MRI to rule out progression of cancer.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with melanoma of back has had chronic headaches since 10/10/2016.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient with newly diagnosed breast cancer. She presented to our office notating that she is having issues with her right hand and keeps dropping things.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

PATIENT WITH NEWLY DIAGNOSED LUNG CANCER, C/O HEADACHES AND DIZZINESS, RULE OUT BRAIN METASTASIS. PET SCAN SHOWS BRAIN ABNORMALITY, POSSIBLY METASTASIS. RADIOLOGIST RECOMMENDS BRAIN MRI.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient with personal history of breast cancer. Complaining of significant headaches that last 2 weeks. Has personal history of seizures. Ruling out brain mets.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Pt has colon cancer Pt is c/o sudden severe headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.</p>	1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Pt with breast cancer-wanting to rule out spread of disease to brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Reports significant memory loss and loss of concentration for the last 6-12 months, but has gotten worse in the last few weeks. r/o mets; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Req to bypass clinical; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Re-staging from previous exam, completion of treatment.; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Restaging with new clinical findings; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	stage IIIb Melanoma, per guidelines MRI Brain recommended annually for first 5 years.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The 12/9/2016 CT Chest was without contrast, Dr. Bradford needs the CT's performed with contrast and done to his specifications to evaluate the patients' extent of cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This MRI is being done with thinner slices. Previous MRI from 9/29/16 states that it should be noted that the enhancing lesions were all noted on MRI of the brain SRS protocol and were so small, any of these lesions could be missed on the this study. This; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.</p>	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.</p>	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.</p>	7

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	4
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
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Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	38
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	18
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	10
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	4
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	15
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This would be done right before the holidays. Dr. Beck is restaging for this patient with various cancers. To make sure the regimen is working properly and response to toxicity is within stable means.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	to complete initial staging workup for newly diagnosed lung cancer.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	12

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	6
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	2

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2 months; There has not been any treatment or conservative therapy.; largamente noble	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	9
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	4

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	5
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for Inflammatory/ Infectious Disease.; 2/9/2016; There has been treatment or conservative therapy.; Progressive nausea and vomiting. Abdominal pain with superior mesenteric vein thrombosis with thickening and edema of the distal small intestine.;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; One week; There has been treatment or conservative therapy.; Right arm pain Chest pain Shortness of breath; Blood thinner	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is 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 with known Monoclonal Gammopathy of uncertain significance reporting b symptoms: night sweats, hot flashes, headaches, worsening arthralgias, and intermittent cold chills. CT to evaluate and rule out other processes.; There has not been any treatment or conservative therapy.; Hot flashes, night sweats, cold chills	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with known splenomegaly, leukopenia, and thrombocytopenia. Ruling out lymphomas.; There has not been any treatment or conservative therapy.; Enlarged spleen</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>1 year follow up from pulmonary nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>1. Infiltrating ductal carcinoma of right breast, diagnosed 11/10/11.; Mammographically detected right breast mass, s/p core biopsy on 11/9/11 revealing an invasive ductal carcinoma. Underwent lumpectomy w/ SLN sampling by Dr. Hagans on 12/16/11. Prev; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>3 month follow up scans to r/o spread of disease. Previous scans showed: 1-Punctate left lower lobe non calcified pulmonary nodule. 2-Right axillary surgical clips and a few nonspecific small bilater axillary nodes. 4-A couple of punctate nonspecific hyp; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>32-year-old very pleasant Caucasian gentleman with stage III rectal cancer diagnosed June 30, 2016, received neoadjuvant 5-FU infusion chemotherapy along with radiation from August 8, 2016 to September 19, 2016, restaging CT scan of chest abdomen and pelv; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>6 month follow up scans. Last scans show:1-There is a stable 8 mm left subemntal lymph node along with a few subcentimeter level 2A lymph nodes. 2-The 5.7 mm low density lesion in the pancreatic body is only faintly visualized on the current study. 3-The; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	6/20/16 CT Chest: Stable redemonstration of subcentimeter right infrahilar lymph node and RLL pulmonary nodule. CT AP: S/p hysterectomy, stable scattered liver hypodensities.; 6/27/16 Here today for f/u to polycythemia. She complains of postoperative ab; This study is being ordered for Vascular Disease.; 6/27/16-Complaining of postoperative abdominal pain/soreness.; There has been treatment or conservative therapy.; abdominal pain and soreness postoperative, noted questionable esophageal thickening. Her erythrocytosis persists.; oxycodone-acetaminophen, zanaflex, and Mobic.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	76
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	3

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attached clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attached clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attached records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	CANCER ON THE LUNGS TO MAKE SURE IT HASNT GROWN OTHER DISEASES ON HER VOCAL CORDS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	chemo treatment that he receives can cause kidney damage; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Clinical will be faxed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	colon resection, new CA that has appeared in new area;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Comparision to prior imaging for inconsistencies.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Confused slurred speech; This study is 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.; Joint and neck pain, weight loss, enlarged nodes in neck and axillary region, shortness of breath with activity</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Enter answer here - or Type InPlan: &#x0D; &#x0D; 1) Check CBC w/ diff, CMP today for cancer / chemo / anemia surveillance.&#x0D; &#x0D; 2) Follow up with Dr. Gao (Rad/Onc).&#x0D; &#x0D; 3) Follow up with Dr. Steve Jones for diarrhea / hemorrhoids. &#x0D; &#x0D; 4) Follow up with Dr. Mark Gibb; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Evaluate for Restaging&#x0D; &#x0D; IMPRESSION:&#x0D; &#x0D; 1. Invasive ductal carcinoma stage IB, diagnosed 11/16/11.&#x0D; &#x0D; A BMC mammogram on 11/9/11 detected a developing indeterminate small cluster of microcalcifications in the superior central right breast. A right ste; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Evaluate response to treatment after 24 cycles.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Evaluation of patient for toxicity and recurrence of bone mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Evaluation of patient with kidney and adrenal gland cancer. Just completed radiation treatments -5-Fractions.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Evaluation of treatment for patient to cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	EXAM: CT ABDOMEN PELVIS W WO CONTRAST COMPARISON: 6/6/2016 outside CT of the abdomen and pelvis  FINDINGS: Clear lung bases. Since the outside CT, there are multiple new heterogeneously enhancing lesions in the right hepatic lobe. For example, ther; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	f/u to previous imaging/restaging on known cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up CT scan to evaluate known lung nodule.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scan to evaluate disease after completion of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans following completion of chemo in June 2016. Most recent scans showed: Chest:There is a poorly defined ground glass/soft tissue density located along the pleura laterally in the left upper lobe which is enlarging and demonstrates hypermetab; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans post 6 cycles of chemotherapy and also radiation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate CLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease after 6 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease due to rising LDH and Alk Phos.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease response to 5 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease response to 6 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease status, new baseline prior to starting new treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease. Patient complaining of increased pain and weakness, worrisome for disease progression.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate response to 6 cycles of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up scans to evaluate response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Follow up scans. Last scans showed: 1-Pleural-based nodules in the right lung are stable compared to previous exam. This could indicate metastatic disease. 2-Stable fluid collection is seen adjacent to the tail of the pancreas measuring up to 12.3cm in ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Follow up scans. Previous scans show:Worsening pleural thickening and nodularity throughout the right hemithorax concerning for worsening disease. Stable nodules in the left upper and lower lobes which are also concerning for metastasis. CT of abdomen an; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>FOLLOW UP TO KNOWN RENAL CANCER AND LUNG LESIONS; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up to scans done 8/10/16. Scans show: Increase in size of multiple pulmonary nodules, some of which demonstrate mild cavitation. The findings likely represent worsening of pulmonary disease. Stable abdomen and pelvis with stability of the low den; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up treatment for lung cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	FOLLOW UPTO PULMANARY NODULE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Has back pain; asthma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	History of Hodgkin's lymphoma stage IIA, initially diagnosed in December of 2002. He was noted to have a left axillary lymph node in 1989 which remained relatively stable until 11/02 when it began to enlarge.    Non-Hodgkin's lymphoma, diagnosed stat; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	initial staging of cancer. Prostate cancer with metastatic bone 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Initial staging of cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Lunc cancer diagnosed 11/03/16. No treatment started yet, CTs to establish baseline prior to treatment starting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Lung nodule noted in PET from 01/2016, had follow up CT 06/2016. This is the next follow up scan to evaluate status of lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Metastatic breast cancer to liver, brain, and bone for follow up scans. Last scans showed:MRI brain-7/7/16- Stable enhancing lesions are seen scattered throughout the brain parenchyma consistent with metastatic disease. PET-7/7/16-Status post right mastec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Most recently, she underwent Salpingo-Oophorectomy on 12/14/15 by Dr Ivy. Pathology was negative for cancer but did show a subserosal mass that measured 15.5 x 12 x 9.5 cm.; This study is 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.; Positive genetic studies that place pt at risk for cancer; Most recently, she underwent Salpingo-Oophorectomy on 12/14/15 by Dr Ivy. Pathology was negative for cancer but did show a subserosal mass that measured 15.5 x 12 x 9.5 cm.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>MRI of the spine December 7,2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	MRI-Brain scan on 10/27/16 showed progressive metastatic disease. Dr. Oakhill wants to see if this has taken up in other areas as well.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	n/a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Needing to follow up for Lymphoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>none given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Palpable mass in chest; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>patient completed chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>PATIENT HAS BEEN RECIEVING CHEMOTHERAPY FOR BLADDER CA. HE HAS RECIEVED 2 CYCLES OF CARBOPLATIN AND GEMZAR. NEEDING RESTAGING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient has cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient has worsening of malignancy with increase size of mediastinal and supraclavicular lymphadenopathy. Re-evaluation if the regimen is working to the patient's needs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient is having complications, Dr. Bradford wants to evaluate the regimen the patient is on and make sure it is making sure it is making progress to the patients cancers.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient is on a clinical trial research for his SCLC.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient is on a clinical trial with his cancers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient requested to be transferred to Highlands Oncology Group for her cancer handling. Dr. Brautnick orders specifically for cancerous cuts. Also to compare to any prior images.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient with history of DCIS with previous CT Chest showing lung nodule. CT for 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.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>PET/CT Brain were denied back in August. Pt with testicular cancer with malignant neoplasm of face, head and neck. Follow up scans.Previous scans show: 1-Interval decrease in size involving the left periaortic lymph node and left testicular mass. FDG up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	progression of the disease; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Pt has completed 12 cycles of Chemo and this is follow up to therapy response; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Pt has current diagnosed with Hodgkins Lymhtoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Pt just completed chemo and wanting to re evaluating to make sure that everything is good since CT in September showed some uptake. Pt had a PET that also showed uptake.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RECCURENT LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RELAPSED FOLLICULAR LYMPHOMA STAGE III; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restage disease after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGE ESOPHAGEAL CANCER WITH METS. ABNORMAL WEIGHT LOSS. COMPLETED A ROUND OF CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restaging of cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/15/2015; There has been treatment or conservative therapy.; cancer;; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Restaging of newly diagnosed lung cancer. PET for initial staging might have been done too soon following surgery and not have given the best picture of disease. CT Head to complete part of the initial staging.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING RENAL CANCER AND CECUM CANCER ON TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SEMINOMA AND LYPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Scans performed at a hospital, not requested at Highlands Oncology so the cancer can be evaluated to how far it may have spread to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	SOLITARY PULMANARY 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	SOLITARY PULMANRY NODULE; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Surveillance of cancer of the connective tissue and soft tissue of abdomen.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Surveillance on a patient with testicular cancer. The patient has not had an imaging scan since 2015 in December.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	46
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	16

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	25
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	244
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	15

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	13
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	8

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	104
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	This would be done right before the holidays. Dr. Beck is restaging for this patient with various cancers. To make sure the regimen is working properly and response to toxicity is within stable means.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	thrombocytosis; Patient has lost weight; Platelet count of 762; Abnormal Abd US, want to make sure it is not Cancer and spreading; 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	To continue to monitor response to ongoing treatment with current chemo. Pt with lung cancer and secondary brain mets. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	To r/o METS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Trying to get the scans in before the holidays. Very close to being 3 months apart from prior scans. Had to readjust the patient's regimen, having negative responses to dosage.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	YEARLY SURVEILLANCE IN A PATIENT WITH A HISTORY OF OVARIAN CANCER (2009) AND BREAST CANCER (2006). PATIENT HAS C/O SOB, NIGHT SWEATS, FATIGUE AND HEADACHE.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< 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

Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; 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
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Enter answer here - or Type In Unknown If No Info Givenbilateral renal artery thrombosis.; 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
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Faxing clinicals; 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
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	15
Hematologist/Oncologist	Approval	71550 MRI CHEST	1. Findings are worrisome for local recurrence at the rectosigmoid; anastomosis.; 2. There is increased FDG activity in the left hepatic lobe metastasis; that was present on prior exams. There is no significant FDG activity; in this lesion on the eighth 1; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	71550 MRI CHEST	Newly diagnosed and pt. is having transplant.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71550 MRI CHEST	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for staging.; This is a request for a chest MRI.	1
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7
Hematologist/Oncologist	Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	AFTER TREATMENT FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Here for #5. Will do zarxio support for treatment induced neutropenia. Had headache last week but MRI brain negative. Headache resolved; but reports patch of numbness/parasthesias on neck. Unclear if could be neuropathic pain. Will check MRI cervical spin; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 12/5/16 Here today for f/u to prostate cancer. He complains of fatigue today. He also reports a severe headache about 2 weeks ago and he had MRI Brain that was negative. He states that he is having a burning sensation, especially to palpation, on the l; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Newly diagnosed and pt. is having transplant.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PET Scan for Breast Cancer found issues in T Spine and C Spine and recommends further evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	2
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		2
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	AFTER TREATMENT FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	ebus guided biopsy localized enlarged lymph nodes back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Initial staging of cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PET Scan for Breast Cancer found issues in T Spine and C Spine and recommends further evaluation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	3

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	THERE WAS INCREASED UPTAKE ON BONE SCAN Enter answer here - or Type n Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		3
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	AFTER TREATMENT FOLLOW UP SCANS.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ebus guided biopsy localized enlarged lymph nodes back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Initial staging of cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HURT BACK AND HAS OSTEOPOROSIS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	4
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	THERE WAS INCREASED UPTAKE ON BONE SCAN Enter answer here - or Type n Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	3
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	14

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.	1

Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Enter answer here - or Type In Unknown If No Ilan: &#x0D; &#x0D; 1. Continue to observe. &#x0D; 2. Continue current medications. &#x0D; 3. CBC with diff, Chem 16, CEA and exam today for further evaluation.&#x0D; 4. Monthly infusaport flush. &#x0D; 5. In October 2016, CT chest, ; 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.</p>	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>PELVIC PAIN, FOLLOW-UP AFTER CHEMO;; 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.</p>	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>RESTAGING RENAL CANCER AND CECUM CANCER ON TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1

Hematologist/Oncologist Approval 72192 CT PELVIS WITHOUT CONTRAST

Surveillance of cancer, Patient has HIV, Squamous Carcinoma NSITU, and positive for lymphoma.; 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.

1

Hematologist/Oncologist Approval 72196 MRI PELVIS

. Again there is a large mass of tissue in the right pericaval/lesser sac area. The tissue planes are distorted. Underlying malignancy is probable. If closer evaluation is desired a PET CT could be quite helpful.; 2. Again there is a lytic focus in 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist	Approval	72196 MRI PELVIS	1. Findings are worrisome for local recurrence at the rectosigmoid; anastomosis.; 2. There is increased FDG activity in the left hepatic lobe metastasis; that was present on prior exams. There is no significant FDG activity; in this lesion on the eighth 1; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	Known cancer in liver and a esophagus.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	Newly diagnosed and pt. is having transplant.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; 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

Hematologist/Oncologist	Approval	72196 MRI PELVIS	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	19
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2

Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	7

Hematologist/Oncologist	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	12
Hematologist/Oncologist	Approval	72196 MRI PELVIS	To r/o METS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; One week; There has been treatment or conservative therapy.; Right arm pain Chest pain Shortness of breath; Blood thinner	1

Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	12

Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	9
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	6

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient with known malignant mastocytosis complaining of persistent right knee pain, first complain 07/2016.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	3
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

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

Hematologist/Oncologist Approval

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

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

Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		4

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is not known if there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient with thrombocytopenia, initial workup. Ruling out causes such as enlarged spleen.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	restage disease after completion of chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	restaging of cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/15/2015; There has been treatment or conservative therapy.; cancer,; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1
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Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
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Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.	1
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Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	5
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
Hematologist/Oncologist	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Ulcerative Colitis.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2 months; There has not been any treatment or conservative therapy.; largamente noble	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	8
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; It is unknown if other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	5
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 2/9/2016; There has been treatment or conservative therapy.; Progressive nausea and vomiting. Abdominal pain with superior mesenteric vein thrombosis with thickening and edema of the distal small intestine.;	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with known Monoclonal Gammopathy of uncertain significance reporting b symptoms: night sweats, hot flashes, headaches, worsening arthralgias, and intermittent cold chills. CT to evaluate and rule out other processes.; There has not been any treatment or conservative therapy.; Hot flashes, night sweats, cold chills	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient with known splenomegaly, leukopenia, and thrombocytopenia. Ruling out lymphomas.; There has not been any treatment or conservative therapy.; Enlarged spleen	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Infiltrating ductal carcinoma of right breast, diagnosed 11/10/11.; Mammographically detected right breast mass, s/p core biopsy on 11/9/11 revealing an invasive ductal carcinoma. Underwent lumpectomy w/ SLN sampling by Dr. Hagans on 12/16/11. Prev; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans to r/o spread of disease. Previous scans showed: 1-Punctate left lower lobe non calcified pulmonary nodule. 2-Right axillary surgical clips and a few nonspecific small bilater axillary nodes. 4-A couple of punctate nonspecific hyp; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	32-year-old very pleasant Caucasian gentleman with stage III rectal cancer diagnosed June 30, 2016, received neoadjuvant 5-FU infusion chemotherapy along with radiation from August 8, 2016 to September 19, 2016, restaging CT scan of chest abdomen and pelv; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	6 month follow up scans. Last scans show:1-There is a stable 8 mm left subemntal lymph node along with a few subcentimeter level 2A lymph nodes. 2-The 5.7 mm low density lesion in the pancreatic body is only faintly visualized on the current study. 3-The; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	6/20/16 CT Chest: Stable redemonstration of subcentimeter right infrahilar lymph node and RLL pulmonary nodule. CT AP: S/p hysterectomy, stable scattered liver hypodensities.; 6/27/16 Here today for f/u to polycythemia. She complains of postoperative ab; This study is being ordered for Vascular Disease.; 6/27/16-Complaining of postoperative abdominal pain/soreness.; There has been treatment or conservative therapy.; abdominal pain and soreness postoperative, noted questionable esophageal thickening. Her erythrocytosis persists.; oxycodone-acetaminophen, zanaflex, and Mobic.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attached clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attached clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attached records; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Cancer of unknown origin, PET mentions pancreatic mass, so MRI to obtain clearer picture. CT A/P will be done following Octreoscan to see if there is a tumor involving the stomach.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	chemo treatment that he receives can cause kidney damage; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Clinical will be faxed.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	colon resection, new CA that has appeared in new area;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Comparsion to prior imaging for inconsistencies.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Confused slurred speech; This study is 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.; Joint and neck pain, weight loss, enlarged nodes in neck and axillary region, shortness of breath with activity	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	elevated white blood count,abd pain since April 2016, rebound tenderness.; This is a request for an abdomen-pelvis 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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type InPlan:   1) Check CBC w/ diff, CMP today for cancer / chemo / anemia surveillance.  2) Follow up with Dr. Gao (Rad/Onc).  3) Follow up with Dr. Steve Jones for diarrhea / hemorrhoids.   4) Follow up with Dr. Mark Gibb; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluate for Restaging IMPRESSION: 1. Invasive ductal carcinoma stage IB, diagnosed 11/16/11. A BMC mammogram on 11/9/11 detected a developing indeterminate small cluster of microcalcifications in the superior central right breast. A right ste; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluate response to treatment after 24 cycles.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluation of patient for toxicity and recurrence of bone mets.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluation of patient with kidney and adrenal gland cancer. Just completed radiation treatments -5-Fractions.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Evaluation of treatment for patient to cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist Approval 74176 CT ABD & PELVIS W/O CONTRAST

EXAM: CT ABDOMEN PELVIS W WO CONTRAST; COMPARISON: 6/6/2016 outside CT of the abdomen and pelvis; FINDINGS: Clear lung bases. Since the outside CT, there are multiple new heterogeneously enhancing lesions in the right hepatic lobe. For example, this study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

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

f/u to previous imaging/restaging on known cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	5
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Faxing records.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scan to evaluate disease after completion of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans following completion of chemo in June 2016. Most recent scans showed: Chest:There is a poorly defined ground glass/soft tissue density located along the pleura laterally in the left upper lobe which is enlarging and demonstrates hypermetab; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans post 6 cycles of chemotherapy and also radiation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate CLL.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease after 6 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease due to rising LDH and Alk Phos.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease response to 5 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease response to 6 cycles of current chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease response to current treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease status, new baseline prior to starting new treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease. Patient complaining of increased pain and weakness, worrisome for disease progression.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate response to 6 cycles of chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to evaluate response to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans. Last scans showed: 1-Pleural-based nodules in the right lung are stable compared to previous exam. This could indicate metastatic disease. 2-Stable fluid collection is seen adjacent to the tail of the pancreas measuring up to 12.3cm in ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

Follow up scans. Previous scans show:Worsening pleural thickening and nodularity throughout the right hemithorax concerning for worsening disease. Stable nodules in the left upper and lower lobes which are also concerning for metastasis. CT of abdomen an; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

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Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

Follow up to scans done 8/10/16. Scans show: Increase in size of multiple pulmonary nodules, some of which demonstrate mild cavitation. The findings likely represent worsening of pulmonary disease. Stable abdomen and pelvis with stability of the low den; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up treatment for lung cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Has back pain; asthma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	History of Hodgkin's lymphoma stage IIA, initially diagnosed in December of 2002. He was noted to have a left axillary lymph node in 1989 which remained relatively stable until 11/02 when it began to enlarge.    Non-Hodgkin's lymphoma, diagnosed stat; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Initial staging of cancer.; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Lunc cancer diagnosed 11/03/16. No treatment started yet, CTs to establish baseline prior to treatment starting.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	massive swelling and mass and lump on abd; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Metastatic breast cancer to liver, brain, and bone for follow up scans. Last scans showed: MRI brain-7/7/16- Stable enhancing lesions are seen scattered throughout the brain parenchyma consistent with metastatic disease. PET-7/7/16-Status post right mastec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Most recently, she underwent Salpingo-Oophorectomy on 12/14/15 by Dr Ivy. Pathology was negative for cancer but did show a subserosal mass that measured 15.5 x 12 x 9.5 cm.; This study is 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.; Positive genetic studies that place pt at risk for cancer; Most recently, she underwent Salpingo-Oophorectomy on 12/14/15 by Dr Ivy. Pathology was negative for cancer but did show a subserosal mass that measured 15.5 x 12 x 9.5 cm.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	MRI of the spine December 7,2016; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	MRI-Brain scan on 10/27/16 showed progressive metastatic disease. Dr. Oakhill wants to see if this has taken up in other areas as well.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	n/a; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Needing to follow up for Lymphoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>none given; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>para umbilical tenderness on exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>patient completed chemo; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATIENT HAS BEEN RECIEVING CHEMOTHERAPY FOR BLADDER CA. HE HAS RECIEVED 2 CYCLES OF CARBOPLATIN AND GEMZAR. NEEDING RESTAGING SCANS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has thrombocytopenia and neutropenia.; 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.	1

Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

Patient has worsening of malignancy with increase size of mediastinal and supraclavicular lymphadenopathy. Re-evaluation if the regimen is working to the patient's needs.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

Patient is having complications, Dr. Bradford wants to evaluate the regimen the patient is on and make sure it is making sure it is making progress to the patients cancers.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is on a clinical trial research for his SCLC.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient is on a clinical trial with his cancers.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Patient requested to be transferred to Highlands Oncology Group for her cancer handling. Dr. Brautnick orders specifically for cancerous cuts. Also to compare to any prior images.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PET/CT Brain were denied back in August. Pt with testicular cancer with malignant neoplasm of face, head and neck. Follow up scans.Previous scans show: 1-Interval decrease in size involving the left periaortic lymph node and left testicular mass. FDG up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	progression of the disease; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt also has these dx: C77.2 Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes C78.6 Secondary malignant neoplasm of retroperitoneum and peritoneum C79.61 Secondary malignant neoplasm of right ovary; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has completed 12 cycles of Chemo and this is follow up to therapy response; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has current diagnosed with Hodgkins Lymhtoma; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt having diarrhea, nausea and vomiting, abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt just completed chemo and wanting to re evaluating to make sure that everything is good since CT in September showed some uptake. Pt had a PET that also showed uptake.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RECCURENT LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RELAPSED FOLLICULAR LYMPHOMA STAGE III; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGE ESOPHAGEAL CANCER WITH METS. ABNORMAL WEIGHT LOSS. COMPLETED A ROUND OF CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LEUKEMIA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SEMINOMA AND LYPHADENOPATHY; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scans performed at a hospital, not requested at Highlands Oncology so the cancer can be evaluated to how far it may have spread to treatment.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

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

Surveillance of cancer of the connective tissue and soft tissue of abdomen.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

1

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

Surveillance on a patient with testicular cancer. The patient has not had an imaging scan since 2015 in December.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.

1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The 12/9/2016 CT Chest was without contrast, Dr. Bradford needs the CT's performed with contrast and done to his specifications to evaluate the patients' extent of cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	7
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This 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.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is 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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; 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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; EXTREME ABD PAIN	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has reported weight loss. Visit with us from 10/27/16 had her at 132 pounds. Visit with us from 12/06/16 had her at 123 pounds.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PULMONARY EMBOLISM, IVC FILTER THROMBUS	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unknown	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	2

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Mr. Slavin is here today with increase in abdominal cramps. He has had increase in pain and bulging at site of ileo. Mr. Slavin is here for bulge in midline above belly button.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; none given</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases</p>	37

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	9
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	2
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Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.	1
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Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

3

Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

7

Hematologist/Oncologist Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; 6 month follow up ct for cervical cancer...last done 4/2016. In 5 /2016 pt had a robotic hysterectomy, bilateral salpingo-oophorectomy and bilateral pelvic lymph node dissection. This will be the first set of follow up scans since surgery.

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Follow up scan of known colon cancer.

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Newly diagnosed Small Cell Neuroendocrine cancer/small cell lung cancer, Stage IV. Liver and bone mets. Test to help determine treatment options.

1

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Slowing rising ALT, AST, and Alk Phos. Also elevated CA 19-9 up to 43.8.

1

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

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.

38

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	15
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	24
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	230

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	12
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	12
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	8

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	7
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	95
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	2

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

This would be done right before the holidays. Dr. Beck is restaging for this patient with various cancers. To make sure the regimen is working properly and response to toxicity is within stable means.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

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

To continue to monitor response to ongoing treatment with current chemo. Pt with lung cancer and secondary brain mets. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	to evaluate response to chemotherapy; 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.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Trying to get the scans in before the holidays. Very close to being 3 months apart from prior scans. Had to readjust the patient's regimen, having negative responses to dosage.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	YEARLY SURVEILLANCE IN A PATIENT WITH A HISTORY OF OVARIAN CANCER (2009) AND BREAST CANCER (2006). PATIENT HAS C/O SOB, NIGHT SWEATS, FATIGUE AND HEADACHE.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN		1

Hematologist/Oncologist Approval 74181 MRI ABDOMEN

. Again there is a large mass of tissue in the right pericaval/lesser sac area. The tissue planes are distorted. Underlying malignancy is probable. If closer evaluation is desired a PET CT could be quite helpful. 2. Again there is a lytic focus in 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.

1

Hematologist/Oncologist Approval 74181 MRI ABDOMEN

1. Findings are worrisome for local recurrence at the rectosigmoid anastomosis. 2. There is increased FDG activity in the left hepatic lobe metastasis that was present on prior exams. There is no significant FDG activity in this lesion on the eighth 1; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	Attaching clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	Cancer of unknown origin, PET mentions pancreatic mass, so MRI to obtain clearer picture. CT A/P will be done following Octreoscan to see if there is a tumor involving the stomach.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	Enter answer here - or Type In Unknown If No Info Return for Imaging: This week set up for -CT abdomen with and without contrast with special attention to liver for pt with hemachromastosis to evaluate iron deposition in liverGiven.; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	Lymph nodes swelling under arms, groin, abd.   PET scan to evaluate lymphadenopathy. Depending upon the results, will formulate plan of biopsy.  MRI with Eovist to evaluate liver morphology as suggested by radiology.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	RENAL CYSTS; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	RESTAGING RENAL CANCER AND CECUM CANCER ON TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Stage IIA Carcinoid Tumor, diagnosed 06/2014. Local recurrence 06/2016. Treatment stopped 09/2016 due to other issues. MRI to evaluate disease status and for further treatment recommendations.	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; History: History of colon cancer stage III. Follow-up.; COMPARISON: Prior MRI of the abdomen dated 4/6/2016 and prior CT of the abdomen and pelvis dated 1/29/2016.; FINDINGS: The cyst in segment IVb which is less than a centimeter in size is again no	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Known cancer, presented with abdominal pain, reports diarrhea as well.	1
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Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; She had scans on 11/28/16. PET/CT CAP revealed interval worsening with increase in size of an omental metastatic soft tissue mass in the left mid abdomen. There had been interval development of multiple FDG avid liver lesions likely metastatic disease. Th	1
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Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; She has requested for MRI abdomen for further eval of elevated liver enzymes which is chronic. She is also experiencing pain in this area. She is referred for evaluation of leukocytosis with white count of approximately 11,500 and a platelet count of 450	1
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Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Diagnostic laparoscopy with omental and peritoneal carcinomatosis and EGD with biopsy revealed diffuse parietal peritoneal carcinomatosis with ascites and omental caking. A small GE junction benign appearing polyp. Complete staging evaluation and assess	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; New dx Neuroendocrine carcinoma with liver lesions seen on CT chest, abdomen, pelvis radiologist requesting further evaluation with MRI Abdomen	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; history of cirrhosis splenomegaly large volume ascites	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Patient has enlarged lymph nodes.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is no ultrasound or plain film evidence of an abdominal organ enlargement.; patient had abnormal ct scan of abdomen. CT shows hepatic cirrhosis and portal hypertension. Patient also shows lesion that may be a hepatocellular carcinoma. Also has abdominal ascites, which have required draining. problems with abdominal swelling, na	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	3

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ABNORMALITY SEEN ON PRIOR IMAGING	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; LESIONS SEEN ON LIVER ON CT	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; NEW LESIONS SEEN ON SCAN	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; . Prominent fatty infiltration liver with a focal hypoechoic lesion in the liver of unclear etiology. Possibly this relates to focal sparing although other etiologies not excluded. MRI suggested.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Newly diagnosed Intestinal adenocarcinoma, 10/31/16. Staging pET from 11/23/16 showed multiple liver lesions, concerning for metastatic disease. MRI requested to obtain clearer picture.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; 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

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; elevated serum ferritin-hemochromatosis with iron overload in the liver	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	To r/o METS; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Annual imaging s/p lumpectomy for carcinoma in situ. Last scan showed: Negative findings both breasts. Radiologist recommended return in 6 months with bilateral mammogram and one year with screening mri. He also recommended a repeat risk ananalysis with r; 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.; It is not known if this is a confirmed breast cancer.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	pt has heterogeneously dense breast on mammogram which could obscure small masses. she has a family history of breast cancer in mother at age 31 and maternal grandmother in her late 60's; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has history of Hodgkin's Lymphoma with radiation to her chest. Last MGM was 1/15 and last MRI Breast was 7/15. Wanting to re eval status.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	5

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	7
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	8
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING MULTIPLE MYELOMA POST CHEMOTHERAPY; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	Restaging; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	initial staging, clearance for scanning; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	MUGA scan is ordered for baseline ejection fraction and PET scan is ordered for initial staging on cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Patient newly diagnosed with Diffuse Large B-Cell Lymphoma. This will be her 1st PET scan, it is for staging. Her MUGA is being done because the patient will undergo High dose chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;	5
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; RESTAGING NEEDED AFTER STEM CELL TRANSPLANT AND HIGH DOSE CHEMO.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	11
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; evaluation of left ventricular function secondary to administration of potentially cardiotoxic chemotherapy..	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; RESTAGING FOR TREATMENT STRATEGY, CARDIAC TOXIC CHEMO	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is 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	3
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.;	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is 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.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; Currently started on Nordic regimen is s/p 6 cycles,who presents today to discuss auto SCT.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.; evaluation of LVEF	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.;	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	4
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; CHECKING HEART	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; INITIAL STAGING MULTIPLE MYELOMA	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; INITIAL TREATMENT STRATAGY	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; INTIAL TREATMENT	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient newly diagnosed with Hodgkin's Lymphoma. He will be starting high dose chemotherapy.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient will go undergoing high dose Chemotherapy.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Pt with Nodular lymphocyte predominant Hodgkin lymphoma of lymph nodes of neck; checking to see if her heart is strong enough for Chemotherapy	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; STAGE IIA ERPR POSITIVE HER 2- LEFT SIDE BREAST CA. PT WILL BE STARTING ADRIAMYCIN.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY		1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	Immunohistochemistry stains with appropriate controls have been performed. The CK7 is interpreted as positive and the CK20 as negative. In addition, a GATA3 immunohistochemistry stain with appropriate control was performed. It is interpreted as negative; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Ovarian or Esophageal Cancer.; A lab test other than an Ovarian Cancer Tumor Marker suggests their need for ordering this study.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	2

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	4
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	2

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	5
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.	2
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The 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.	3
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	2

Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	6
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The 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.	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3 mo follow up scans for pt with appendix cancer. Last scans show:There appears to be response to therapy with improving omental metastatic disease.There has been interval resolution of the ascites, and improvement in the nodularity and soft tissue densi; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3 month follow up scans to r/o spread of disease. Previous scans showed: 1-Punctate left lower lobe non calcified pulmonary nodule. 2-Right axillary surgical clips and a few nonspecific small bilater axillary nodes. 4-A couple of punctate nonspecific hyp; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Assess treatment for head and neck cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attachind clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Evaluation of pulmonary nodule and SCLC cancer.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing Clinical; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Follow up scans following completion of chemo in June 2016. Most recent scans showed: Chest:There is a poorly defined ground glass/soft tissue density located along the pleura laterally in the left upper lobe which is enlarging and demonstrates hypermetab; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Follow up scans. Last scans show:1-Stable lymph nodes are seen in the mediastinum measuring up to 2.2 cm in the prevascular region. 2-There appears to be interval enlargement of an aortocaval lymph node measuring 4.5 cm on this study compared to 4.1 cm o; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	initial staging, clearance for scanning; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING. PATIENT HAS LUNG CANCER.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Metastatic breast cancer to liver, brain, and bone for follow up scans. Last scans showed:MRI brain-7/7/16- Stable enhancing lesions are seen scattered throughout the brain parenchyma consistent with metastatic disease. PET-7/7/16-Status post right mastec; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	MUGA scan is ordered for baseline ejection fraction and PET scan is ordered for initial staging on cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Patient newly diagnosed with Diffuse Large B-Cell Lymphoma. This will be her 1st PET scan, it is for staging. Her MUGA is being done because the patient will undergo High dose chemotherapy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Restaging with new clinical findings; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was 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.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Melanoma.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; It is unknown if this is for an evaluation of axillary lymph nodes.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 3 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	13
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.	4

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being 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.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being 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.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	6

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	10
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	2

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The 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.	10
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	12

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.	2

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans have already been performed on this patient for this cancer.	6
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 4 PET Scans have already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; More than 4 PET Scans have already been performed on this patient for this cancer.	2

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; This would be the first PET Scan performed on this patient for this cancer.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.	2

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	9
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The 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.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	7
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	13

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	18
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	4

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient 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.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The 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.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	4
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1

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

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	5
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered 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.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	2

Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Hematologist/Oncologist	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	1
Hematologist/Oncologist	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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
Hematologist/Oncologist	Approval	S8037 mrcp	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1

Hematologist/Oncologist	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.	1
Hematologist/Oncologist	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.	1
Hematologist/Oncologist	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Headach dizziness; "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.	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has not been any treatment or conservative therapy.; Polythemia w/ EPO levels, Hypertension , snoring, high hemoglobin	
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has not been any treatment or conservative therapy.; Polytythemia w/ EPO levels, Hypertension , snoring, high hemoglobin	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If She comes today for her initial clinic visit. Today she c/o 6 month onset of off and on blurry vision, joint and muscle pain with a weight loss of 36 lbs in last 3 months, hair loss, mild headaches, e	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	3 mo follow up scans for pt with appendix cancer. Last scans show:There appears to be response to therapy with improving omental metastatic disease.There has been interval resolution of the ascites, and improvement in the nodularity and soft tissue densi; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attachind clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing Clinical; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	6
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up scans. Last scans show:1-Stable lymph nodes are seen in the mediastinum measuring up to 2.2 cm in the prevascular region. 2-There appears to be interval enlargement of an aortocaval lymph node measuring 4.5 cm on this study compared to 4.1 cm o; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Immunohistochemistry stains with appropriate controls have been performed. The CK7 is interpreted as positive and the CK20 as negative. In addition, a GATA3 immunohistochemistry stain with appropriate control was performed. It is interpreted as negat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	INITIAL STAGING. PATIENT HAS LUNG CANCER.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Ms Taylor is a 54yo woman with squamous cell carcinoma who was treated with cisplatin and gemzar (chosen due to squamous histology and alopecia concerns). She has had 2 cycles, second cycle changed to carboplatin due to acute renal failure. now we are ne; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>RULE OUT MALIGNANCY.; This study is 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 WITH ABNORMAL LAB VALUES OF HYPERCALCEMIA AND ELEVATED LIVER FUNCTION TEST. C/O CHILLS AND NIGHT SWEATS. RULE OUT MALIGNANCY.; It is not known if there has been any treatment or conservative therapy.; HEADACHES, NIGHT SWEATS, DIARRHEA, STOMACH PAIN</p>	1
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Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>The likely of reoccurrence of patient's melanoma is at high risk. Dr. Oakhill wants to keep close observation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
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Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	1
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Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	short of breath; 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
Hematologist/Oncologist	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	C3-4 DISC SPACE NARROWING WITH CENTRAL DISC PROTRUSION AND MILD COMPRESSION OF DURAL SAC. NEEDS FOLLOW UP; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dr. Jong states increasing pain in neck and expansion of dermatome upward.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; ; Physical therapy, chiropractor, epideral shots, nerves burnt.	1
Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 10/17/16; There has been treatment or conservative therapy.; anemia, poorly controlled diabetes, and chronic kidney disease.; medicine for chronic kidney disease.	1

Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dr. Jong states increasing pain in neck and expansion of dermatome upward.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; ; Physical therapy, chiropractor, epideral shots, nerves burnt.	1
Hematologist/Oncologist	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 10/17/16; There has been treatment or conservative therapy.; anemia, poorly controlled diabetes, and chronic kidney disease.; medicine for chronic kidney disease.	1
Hematologist/Oncologist	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1
Hematologist/Oncologist	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for trauma or injury.; 10/5/16; There has not been any treatment or conservative therapy.; Pain, poor range of motion	2

Hematologist/Oncologist	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	2
Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2016; There has not been any treatment or conservative therapy.; Polythemia w/ EPO levels, Hypertension , snoring, high hemoglobin	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If She comes today for her initial clinic visit. Today she c/o 6 month onset of off and on blurry vision, joint and muscle pain with a weight loss of 36 lbs in last 3 months, hair loss, mild headaches, e	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	3 mo follow up scans for pt with appendix cancer. Last scans show:There appears to be response to therapy with improving omental metastatic disease.There has been interval resolution of the ascites, and improvement in the nodularity and soft tissue densi; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attachind clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	4
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing Clinical; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	4
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	5
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	2
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Follow up scans. Last scans show:1-Stable lymph nodes are seen in the mediastinum measuring up to 2.2 cm in the prevascular region. 2-There appears to be interval enlargement of an aortocaval lymph node measuring 4.5 cm on this study compared to 4.1 cm o; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Immunohistochemistry stains with appropriate controls have been performed. The CK7 is interpreted as positive and the CK20 as negative. In addition, a GATA3 immunohistochemistry stain with an appropriate control was performed. It is interpreted as negat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	INITIAL STAGING. PATIENT HAS LUNG CANCER.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
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Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Mass in the stomach could represent a gastrointestinal stromal tumor. Other possibilities include gastric lymphoma and adenocarcinoma. Indeterminate 9 mm lesion in the right hepatic lobe; MRI without and with IV contrast might be helpful to further ch; 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.</p>	1
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Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Ms Taylor is a 54yo woman with squamous cell carcinoma who was treated with cisplatin and gemzar (chosen due to squamous histology and alopecia concerns). She has had 2 cycles, second cycle changed to carboplatin due to acute renal failure. now we are ne; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Restaging; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RULE OUT MALIGNANCY.; This study is 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 WITH ABNORMAL LAB VALUES OF HYPERCALCEMIA AND ELEVATED LIVER FUNCTION TEST. C/O CHILLS AND NIGHT SWEATS. RULE OUT MALIGNANCY.; It is not known if there has been any treatment or conservative therapy.; HEADACHES, NIGHT SWEATS, DIARRHEA, STOMACH PAIN	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The likely of reoccurrence of patient's melanoma is at high risk. Dr. Oakhill wants to keep close observation.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; , looking for metastatic	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abnormal liver function results	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ELEVATED LIVER FUNCTION TEST.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; To further evaluate his left upper quadrant abdominal pain, we are scheduling a CT of the abdomen and pelvis.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Enter Additional Clinical SURVEILLANCE OF TESTICULAR CANCER Information	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; Surveillance	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Hematologist/Oncologist	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	Faxing Clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	PET/CT Brain were denied back in August. Pt with testicular cancer with malignant neoplasm of face, head and neck. Follow up scans.Previous scans show: 1-Interval decrease in size involving the left periaortic lymph node and left testicular mass. FDG up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; New or increased liver lesions found on previous ct abd/pel done 1128/16-- IMPRESSION: 1. Increase in size of the omental metastatic soft tissue mass in the left midabdomen, now; measuring 6.3 x 5.1 cm.; 2. Interval development of at least 4 liver masses,	1
Hematologist/Oncologist	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; 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
Hematologist/Oncologist	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	surveillance; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Hematologist/Oncologist	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	2
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	6 month follow up scans. Last scans show:1-There is a stable 8 mm left submental lymph node along with a few subcentimeter level 2A lymph nodes. 2-The 5.7 mm low density lesion in the pancreatic body is only faintly visualized on the current study. 3-The; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attached clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Attaching clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing clinicals; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Faxing records.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Follow up scans. Last scans showed: 1-Pleural-based nodules in the right lung are stable compared to previous exam. This could indicate metastatic disease. 2-Stable fluid collection is seen adjacent to the tail of the pancreas measuring up to 12.3cm in ; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Lymph nodes swelling under arms, groin, abd. ; ; PET scan to evaluate lymphadenopathy. Depending upon the results, will formulate plan of biopsy.; ; MRI with Eovist to evaluate liver morphology as suggested by radiology.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Newly diagnosed and pt. is having transplant.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	PET/CT Brain were denied back in August. Pt with testicular cancer with malignant neoplasm of face, head and neck. Follow up scans.Previous scans show: 1-Interval decrease in size involving the left periaortic lymph node and left testicular mass. FDG up; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on something other than a diagnostic test, imaging study or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	5
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	4
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being 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.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being 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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	2
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	2
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Three month follow up scans for esophageal cancer on surveillance. Pt had resection done in 8/2014. soft tissue thickening at the superior margin of the patient's esophagectomy and gastric pull-through at the level of the thoracic inlet is again noted an; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hospital	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Hospital	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; abdominal pain; weakness; nausea	1
Industrial Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;	1

Infectious Diseases	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for Abnormalities of the eye; Foreign metallic bodies such as metallic splinters, metallic bullets/buckshot is the reason an MRI is not being considered	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Infectious Diseases	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Infectious Diseases	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	1
Infectious Diseases	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1
Infectious Diseases	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

Infectious Diseases	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a follow up study from patient's hospitalization for perinephric abscess (renal cortical abscess). We are treating patient's abscess.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Infectious Diseases	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; pt being treated for actinomycosis versus histoplasmosis. had mri done this year and was recommended another in 3months to f/u on liver lesions	1

Infectious Diseases	Approval	78813 PET IMAGING WHOLE BODY		This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.	1
Infectious Diseases	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Fever of unknown origin and leukopenia. Pt states she has sinus drainage.; 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.	1
Infectious Diseases	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	She was treated we anitbotics with no success and referred to an infectious disease dr; This study is being ordered for Inflammatory/ Infectious Disease.; about 10 months ago; There has been treatment or conservative therapy.; tooth extraction resulted an ulcer in her mouth and treated w/ anitbotics; medications rx	1
Infectious Diseases	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Persistent Fever of Unknown Origin; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 4/2016 (6 months ago); There has been treatment or conservative therapy.; Persistent Fever; She has had tons of blood work-up without any answers.	1

Infectious Diseases	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Persistent Fever of Unknown Origin; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 4/2016 (6 months ago); There has been treatment or conservative therapy.; Persistent Fever; She has had tons of blood work-up without any answers.	1
Infectious Diseases	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Persistent Fever of Unknown Origin; This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 4/2016 (6 months ago); There has been treatment or conservative therapy.; Persistent Fever; She has had tons of blood work-up without any answers.	1
Infectious Diseases	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Infectious Diseases	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	She was treated we anitbotics with no success and referred to an infectious disease dr; This study is being ordered for Inflammatory/ Infectious Disease.; about 10 months ago; There has been treatment or conservative therapy.; tooth extraction resulted an ulcer in her mouth and treated w/ anitbotics; medications rx	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD			2
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; There is another reason why an MRI is not being considered; not known	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a neurological disorder.; 10/24/2016; There has been treatment or conservative therapy.; anhedonia, anxious mood, a change in appetite, altered sleep habits and crying spells, pain in head and sinuses; patient has been taking over the counter medications and topamax	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	complaining of numbness and tingling awakenig her of sleep on Right side of body, happens repeatedly through night. symptoms occur only on Right side of body.; 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
Internal Medicine	Approval	70450 CT BRAIN, HEAD	follow up of lung mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	head trauma; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Memory impairment - Onset: 09/01/2016, weakness, numbness, tingling, tremors, dizziness, frequent or severe headaches, restless legs, difficulty finding desired words, and loss of balance or falls, now has problems with word finding ? in past 2 weeks abru; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	patient fell out of shower abd hit head on 8/23/16, since falling has been having worsening headache not getting relief from medication.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	patient has had a recent xray of the skull that showed thickening of the bone; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Patient has migraines not relieved by pain meds.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Patient has optic nerve edema; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; It is unknown why an MRI is not being considered	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	patient has uncontrollable hypertension.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	patient is being seen with severe headache with dizziness and nausea. patient presents with TIA symptoms; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Patient never get any headaches and he has had them constintaly after hitting his head on the cabinets. They have gotten worse and not better. .; This study is being ordered for trauma or injury.; Patient hit his head on a cabinet; It is not known if there has been any treatment or conservative therapy.; Headache that has continued for 9-10 days after hitting his head. Patient also thinks he has a kidney stone	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	PT had an EEG done that was normal. Ordering DX wants to know the cause of the Lymphadenopathy; This study is being ordered for a neurological disorder.; 11/29/16; There has been treatment or conservative therapy.; Lymphadenopathy cervical; PT was given medication.	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	Sudden onset of acute confusion over the last 24 hours. Needs CT evaluation of brain.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; MRI scanning is not locally available to the patient is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	sudden onset of Weakness and pain in head. The patient was hit very in the head with a hammer.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	Syncope and collapse; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	5

Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	21
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	4
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	3
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	4

Internal Medicine	Approval	70450 CT BRAIN, HEAD	Unknown; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	UNKNOWN; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	2

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	cough, wheezing, shortness of breath, admitted to Observation for acute asthma exacerbation, dyspnea, hypoxia on ambulation. negative chest xray. cxr noted. Sinus Disease.; 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	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	nasal congestion, tooth pain, Chronic Non-allergic rhinitis; 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.	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	2
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	7
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	3

Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; Neck swelling and pain in the chest; medication	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	PT had an EEG done that was normal. Ordering DX wants to know the cause of the Lymphadenopathy; This study is being ordered for a neurological disorder.; 11/29/16; There has been treatment or conservative therapy.; Lymphadenopathy cervical; PT was given medication.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	2
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	18

Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/2/2015; There has been treatment or conservative therapy.; Visual changes, anisocria,; medications, oral medications, sent to an eye clinic, PT.	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	5
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/2/2015; There has been treatment or conservative therapy.; Visual changes, anisocria,; medications, oral medications, sent to an eye clinic, PT.	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	3
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Recommended per his neurological ophthalmologist; This study is being ordered for a neurological disorder.; 10/03/2014; There has been treatment or conservative therapy.; Chronic severe headache; Placed on Diamox	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a sinus MRI.; This study is 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 not been treated with medications for at least four weeks.	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye		1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2016; There has not been any treatment or conservative therapy.; ringing in ear	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/16; There has not been any treatment or conservative therapy.; Worst headache of the PT life. Family HX of strokes. Wakes PT up out of his sleep.	1

Internal Medicine	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	Ha w/ incontinence x 2; frequent HA; This study is being ordered for trauma or injury.; 11/30/2014; There has been treatment or conservative therapy.; ; Meloxicam, tramadol; steroid injections to cspine	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	Recommended per his neurological ophthalmologist; This study is being ordered for a neurological disorder.; 10/03/2014; There has been treatment or conservative therapy.; Chronic severe headache; Placed on Diamox	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	6
Internal Medicine	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1
Internal Medicine	Approval	70544 Mr angiography head w/o dye	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.; December 9, 2016; There has been treatment or conservative therapy.; Severe Migraine; Patient takes Tramadol 50mg QID PRN.	1

Internal Medicine	Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2016; There has not been any treatment or conservative therapy.; ringing in ear	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		5
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2016; There has not been any treatment or conservative therapy.; ringing in ear	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/16; There has not been any treatment or conservative therapy.; Worst headache of the PT life. Family HX of strokes. Wakes PT up out of his sleep.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 05-2016; There has been treatment or conservative therapy.; pain; medication - PT	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Migraine  Additional information: tried propranolol but states it kept her up at night. Tried topamax in the past but it was ineffective. She reports a significant headache every other day, requiring her to go sit in a dark room. 2. nipple discha; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>amlodipine 10 mg tablet; citalopram 10 mg tablet; clonazepam 0.5 mg tablet; Tylenol-Codeine #3 300 mg-30 mg tablet; Assessment; Acute nonintractable headache, unspecified headache type (R51). Patient Plan; Due to severity of new onset headache with assoc; 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.</p>	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>brain : neurological deficits / 3 to 4 years ago abdomen / pelvis : weight lost / PEG tube 2016/ mal nourished; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;</p>	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - Patient has UNSTEADY, CLUMSY GAIT. Patient has ACTION AND RESTING TREMORS in HANDS, WORSE WITH GRIPPING OBJECTS SUCH AND PEN OR BOTTLE. history of tremors from young age of 7-8 years old. TREMORS WORSENING INTERFERING WITH PATIENTS ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ha w/ incontinence x 2; frequent HA; This study is being ordered for trauma or injury.; 11/30/2014; There has been treatment or conservative therapy.; ; Meloxicam, tramadol; steroid injections to cspine	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches Nausea 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
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hx unexplained hyponatremia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING FOR LUNG MASS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Left ptosis, exophthalmos with low normal TSH.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	low testosterone; elevated prolactin; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Memory loss, Swelling of brain and had to learn to read and write again. Had traumatic head injury. Has short term recall.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Newly diagnosed lung cancer with suspicious of malignancy elsewhere; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Left sided numbness and weakness, Weakness in upper and lower extremity, headaches.; MEDS	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Please set up for h/a, history of carotid stenosis, family history of brain aneurysm. MLA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAD TIA, INCREASED CONFUSION, TREMBLING ACUTE SPELL TIA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has headache and vision changes. Blurred vision and excessive sleepiness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Recommended per his neurological ophthalmologist; This study is being ordered for a neurological disorder.; 10/03/2014; There has been treatment or conservative therapy.; Chronic severe headache; Placed on Diamox	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	see notes.. pt having memory loss and balance issues.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	6
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	30
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	19
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	4

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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing vertigo	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	4
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	8
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	5
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
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Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremors worse with activity--tremors in head, feet and bilateral arms Tremors of nervous system; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; December 9, 2016; There has been treatment or conservative therapy.; Severe Migraine; Patient takes Tramadol 50mg QID PRN.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	visual change and dizziness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	will fax clinical; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		4
Internal Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	26

Internal Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	31
Internal Medicine	Approval	71250 CT CHEST, THORAX	< 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2

Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	4
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Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	2
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Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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.	1
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Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has been treatment or conservative therapy.; Neck swelling and pain in the chest; medication	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	; "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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>; 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.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>1 year f/u on chest nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>2.8 x 3.2 cm large calcified granuloma in the posterior segment of the left upper lobe. This is chronic to patient; Newly diagnosed 2.6 cm adrenal gland lesion.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	6 months follow up.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; Acid reflux, joint pain, fatigue, and abnormal abdomen CT.; Alcohol therapy, medications, stopped smoking, diet control.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	20
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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.	4

Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient 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.	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	5
Internal Medicine	Approval	71250 CT CHEST, THORAX	chronic bronchitis.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	CHRONIC COUGH 2 MONTHS, SMOKER CUTTING DOWN TO 1/4 PPD, shortness of breath, COPD.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	ct in june for different nodule 6 month 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.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>CXR showed evidence of left hilar prominence. &#x0D; Will need CT chest to further evaluate. &#x0D; Assessment&#x0D; Acute bronchitis, unspecified organism (J20.9).&#x0D; Patient Plan&#x0D; CXR today. &#x0D; Treated in clinic with Rocephin 1 g IM.&#x0D; Positive for: fatigue, fever, night ; There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; 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.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>Evaluation of Nodularity in the left suprahilar region noted on recent chest x-ray. Ct chest 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.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>follow up of lung mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	Has had abnormal chest xray with history of smoking and chest pain.; 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Increased shortness of breath, Evaluate cause of excessive sputum production; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	know thyroid nodule, r/o mets. normal xray; 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	last ct showed it 01/4/16; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	LUL solitary nodule 9x7cm; f/u ct recommended to r/o neoplasm; sweat; fatigue; wt loss; unexplained cough; coughing up blood; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Lung nodules seen on prior imaging - this is for a 6-month 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	NODULE MID LUNG SOFT TISSUE DENSE IN R 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Patient began having swelling to right lower extremity on 12/23/16 worsening overnight. Verified by ultrasound on 12/24/15 acute DVT to right lower extremity. Started on eliquis - pt needs CT PE protocol and CT abd pelvis to rule out malignancy as pt is c; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	Patient had a Chest CT on 8/2/16 which revealed two lung nodules. The radiologist indicated that malignancy cannot be ruled out.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Patient is coughing up blood. Xray shown multiple lung nodules; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Pt had a chest CT in Feb 2016 and showed a pulmonary nodule and recommended to f/u within 4 months and lost her insurance so is now wanting to get a f/u; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Pt had a cough with SOB No relief from antibiotics Lymph nodes; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	pt has a cloudy productive cough, pt had a history of lung nodules in 2011; 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.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	pt has a CT preliminary non vascular report that showed lung nodules; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	pt has pneumonia; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Pt with Kidney Mass found on ultrasound.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Pulmonary nodule was discovered during a previous hospitalization. Radiologist recommended further evaluation via 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.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Scheduled 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.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>Solitary pulmonary nodule,CT scan of the neck revealed a 2.2 by 1.1 cm nodule in the left upper lobe. He was also found to have emphysema demonstrated on CT scan, shortness of breath on exertion, Has Cough on a Daily Basis Especially in the Morning and I; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>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.</p>	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; ; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.</p>	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; preop exray shows patchy atelectatic or infiltrative process - needs further evaluation prior to his surgery; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; 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.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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Internal Medicine	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Severe obstructive disease, cough, dyspnea. Has been treated with albuterol, Singulair, Asmanex, steroid injections, updraftwith no improvement.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
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Internal Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of mediastinal widening.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Yearly follow-up for lung nodule recommended by Radiologist.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	The patient states she uses menopausal for birth control. Her menses is absent. Postmenopausal: Type: natural. Pertinent negatives include abnormal bleeding, anxiety, decreased libido, depression, difficulty falling sleep, dyspareunia, history of infertili; 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
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	12
Internal Medicine	Approval	71550 MRI CHEST	; This study is being ordered for a known tumor.; The ordering physician is not an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1

Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt has degenerative disc disease; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2003; It is not known if there has been any treatment or conservative therapy.; Has broken rods in his back	1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1

Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2003; It is not known if there has been any treatment or conservative therapy.; Has broken rods in his back	1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; In house X ray, thot there was a CT but it did not go through. Weakness is in the lower neck and upper 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
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; pain and muscle spasms/numbness and tingling/; anti inflammatories/physical therapy	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/10/2014; There has been treatment or conservative therapy.; Pt is having neuropathic pain. Numbness and tingling in the feet . Pain in left shoulder . Upper and lower back pain with radiation to the left thigh; Physical Therapy and medications	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2016; There has not been any treatment or conservative therapy.; BACK AND NECK PAIN, BLURRED VISION, NUMBNESS, DIZZINESS, TINGLING AND WEAKNESS, ADEMA AND TENDERNESS	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a month; There has been treatment or conservative therapy.; decreased mobility upper extremity/ joint pain and spasms; pain medication and muscle relaxers	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 04/2015; There has been treatment or conservative therapy.; Burning , pain radiating down extremities. headaches.; MEDICATION AND PT	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; two months ago; There has been treatment or conservative therapy.; dizziness with turning head. neck pain with torticollis; physical therapy, meds, anti inflammatory	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 05-2016; There has been treatment or conservative therapy.; pain; medication - PT	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2. neck pain  The severity of the problem is moderate. The problem has worsened. Location of pain is bilateral posterior neck. There is radiation of pain to the bilateral head, right upper arm, right elbow and right forearm. The patient describes ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; positive spurlings test to the right. Right grip strength weaker than left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CT indicated if symptoms continued or worsened MRI is recommended; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Having numbness and tingling down left arm. Change in grip; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 1 month ago; There has been treatment or conservative therapy.; Can't raise her arms up to her head or make a fist, can't turn neck from side to side, and massive headaches.; PT, medications, insets, and x-rays.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	no; This study is being ordered for a neurological disorder.; 10/10/16; There has been treatment or conservative therapy.; pain that radiated to shoulder and neck, tingling in finger mostly in thumbs, pain while gripping, pain inner side of wrist; steroids and antibiotics	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Left sided numbness and weakness, Weakness in upper and lower extremity, headaches.; MEDS	1
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has had PT, NSAIDS with no relief to her neck and back pain. The pain radiates into bilateral shoulders and hips. She also has numbness and tingling into legs from the back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 12 months; There has been treatment or conservative therapy.; Patient has neck and back pain for greater than 12mos. The pain causes numbness and tingling into legs. Patient states she has difficulty sleeping. Pain is worsening when standing.; Patient has been on Nsaid Meloxicam, had 6 weeks of Physical therapy, patient also had lumbar and cervical xray done on July 2016	1
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	7
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1
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Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	2
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; unknown.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	25
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	11
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	8
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	2
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2011; There has been treatment or conservative therapy.; back pain, joint pain, neck pain radiates down the back, increased pain turning head in either direction with pain radiating down left shoulder, neck/lumbar xrays show extensive arthritis; Chiropractor and PT, 2-4 times per month for last 5 years, OTC pain meds.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; pain and muscle spasms/numbness and tingling/; anti inflammatories/physical therapy	1

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; back pain	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 05-2016; There has been treatment or conservative therapy.; pain; medication - PT	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	failure of conservative treatment and Pt with continued complaints of severe pain; This study is being ordered for a neurological disorder.; November 3, 2016; There has been treatment or conservative therapy.; back pain with hyperreflexia, and radiculopathy; medication, home PT exercises	1

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.	2
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	2
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	9

Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2009; There has been treatment or conservative therapy.; Severe low & mid back, radiculopathy, xray was also done showing bone to bone contact in lumbar & thoracic spine regions.; Patient has been a regulated dose of pain medication for ongoing back pain.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		7
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	2

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; 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?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; unknown	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X-rays, PT, medication, steroids.. Anti inflammatory	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 01/2015; There has been treatment or conservative therapy.; pain and muscle spasms/numbness and tingling/; anti inflammatories/physical therapy	1
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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	1
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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has not been any treatment or conservative therapy.; back pain	1
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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/10/2014; There has been treatment or conservative therapy.; Pt is having neuropathic pain. Numbness and tingling in the feet . Pain in left shoulder . Upper and lower back pain with radiation to the left thigh; Physical Therapy and medications	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/2016; There has not been any treatment or conservative therapy.; BACK AND NECK PAIN, BLURRED VISION, NUMBNESS, DIZZINESS, TINGLING AND WEAKNESS, ADEMA AND TENDERNESS	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 04/2015; There has been treatment or conservative therapy.; Burning , pain radiating down extremities. headaches.; MEDICATION AND PT	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; 05-2016; There has been treatment or conservative therapy.; pain; medication - PT	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back pain with left radicular pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	failure of conservative treatment and Pt with continued complaints of severe pain; This study is being ordered for a neurological disorder.; November 3, 2016; There has been treatment or conservative therapy.; back pain with hyperreflexia, and radiculopathy; medication, home PT exercises	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	GENERAL: well developed, well nourished, moderately obese; well groomed; seems to be in mild pain;  EYES: lids and lacrimal system are normal in appearance; extraocular movements intact; conjunctiva and cornea are normal; PERRLA;  RESPIRATORY: lungs; The study 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.; GENERAL: well developed, well nourished, moderately obese; well groomed; seems to be in mild pain;  EYES: lids and lacrimal system are normal in appearance; extraocular movements intact; conjunctiva and cornea are normal; PERRLA;  RESPIRATORY: lungs	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>History / Dx: M54.10 Bilateral radicular pain &#x0D; History / Dx: decreased DTR rt. patella, decreased vibratory rt., bilateral weakness LE, radicular pain.&#x0D; DECREASED DTR RT PATELLA,DECREASED VIBRATORY RT.&#x0D; R/O:HNP,MASS OR TUMOR,SPINAL STENOSIS; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>No Info Given.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt with weakness and numbness in Left lower extremity; 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

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness and tingling worsening in intensity and frequency despite medication management. Need imaging to rule out a herniation or bulging 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.; greater than 6 weeks; There has been treatment or conservative therapy.; numbness and tingling to right arm and right leg. progressively worsening in character; steroids, nsaid,heat compress, and chiropractic therapy	1
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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had PT, NSAIDS with no relief to her neck and back pain. The pain radiates into bilateral shoulders and hips. She also has numbness and tingling into legs from the back; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; greater than 12 months; There has been treatment or conservative therapy.; Patient has neck and back pain for greater than 12mos. The pain causes numbness and tingling into legs. Patient states she has difficulty sleeping. Pain is worsening when standing.; Patient has been on Nsaid Meloxicam, had 6 weeks of Physical therapy, patient also had lumbar and cervical xray done on July 2016	1
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Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has ongoing constant pain in lumbar region of spine.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed 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 Strengthening excercises; Hydrocodone	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt c/o lower back pain on/ off for a long time but has been persistent for the last month. Sharp pains that radiate down posterior aspect of left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; 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

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient is experiencing new or changing symptoms.; The patient has not been seen by nor is the ordering physician a neuro-specialist, orthopedist, or oncologist.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	2
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	80

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	29
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	2
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	45
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/1/2011; There has been treatment or conservative therapy.; back pain, joint pain, neck pain radiates down the back, increased pain turning head in either direction with pain radiating down left shoulder, neck/lumbar xrays show extensive arthritis; Chiropractor and PT, 2-4 times per month for last 5 years, OTC pain meds.	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 2009; There has been treatment or conservative therapy.; Severe low & mid back, radiculopathy, xray was also done showing bone to bone contact in lumbar & thoracic spine regions.; Patient has been a regulated dose of pain medication for ongoing back pain.	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	64 YEAR OLD WOMAN WITH HISTROY OF SMALL CELL LUNG CANCER AND PVD S/P AORTOFEMORAL BYPASS IN 2009 COMPLAICATED BY INFECTION IN AUG 2015 WHO WAS MANAGED ON LON-TERM VANCOMYCIN AND ERTAPENEM WHO WAS ADMITTED TO UAMS IN MARCH OF THIS YEAR WITH FEVER AFTER CHE; 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.	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	colon problems; 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.	1

Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	leg swelling, leg ulcer on left leg that will not heal.; 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.	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	Ms. Ward presents with an abscess located on the gluteal cleft. She describes the lesion(s) as infected, inflamed, and painful. She first became aware of it 1 to 2 weeks ago. The lesion tends to come and go - has been treated with bactrim and keflex by; 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.	1
Internal Medicine	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Approval	72196 MRI PELVIS	embolization in the uterus; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Internal Medicine	Approval	72196 MRI PELVIS	Marrow edema along the right aspect at the S1 level worrisome for a sacral fracture. Dedicated MRI of the sacrum is recommended; further evaluation.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Internal Medicine	Approval	72196 MRI PELVIS	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2016; There has been treatment or conservative therapy.; draining fluid from gluteal wound; WOUND CARE and dressing	1
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	9
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	1
Internal Medicine	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	1
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is 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

Internal Medicine	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	no; This study is being ordered for a neurological disorder.; 10/10/16; There has been treatment or conservative therapy.; pain that radiated to shoulder and neck, tingling in finger mostly in thumbs, pain while gripping, pain inner side of wrist; steroids and antibiotics	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; acute right shoulder pain	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; has pain that radiates from her neck down her arm	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt c/o pain in her left shoulder after lifting her grandson, She has decreased range of motion	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; r/o rotator cuff tear	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; right shoulder pain	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	25

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Shoulder pain, decreased ROM	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The ordering physician is not an orthopedist or infectious disease specialist.; The patient has had recent plain films of the shoulder.; The plain films were normal.; Right shoulder - she is having severe and progressive shoulder pain which has been unresponsive to nsaid and PT...she has a lot of grinding and popping ..severe pain with rotation and with rom...abnormal plain xr with severe ac arthrosis ...rec mri	1

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

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

1

Internal Medicine Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.

1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	BENIGN TUMOR OF SOFT TISSUES OF RIGHT AND LEFT LOWER LIMB,NEW TUMORS IN SOFT TISSUES OF LEGS/FEET,SEVERE MUSCULOSKELETAL PAIN,SCHWANOMAS,SKIN LESIONS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1

Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	2
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		7
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Arthritis symptoms: pain involving: knee(s): right sided, worse lately, the left foot which was recently treated for osteomyelitis seems also worse lately, and the low back continues with severe chronic pain due to DDD and DJD of the lumbar spine : severi; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Evaluation of left knee to rule out need for surgery post injury to Left knee with popping noises, edema, and instability.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	NEED MRI OF BILATERAL TIBIAS TO RULE OUT DELAYED HEALING. IF NON-HEALED WOULD RECOMMEND BONE STIMULATOR. PAINFUL RANGE OF MOTION.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/12/16; There has been treatment or conservative therapy.; POSITIVE STRESS FRACTURES FROM BONE SCAN TEST. DECREASED MOBILITY, LIMPING, BURNING PAIN, AND SWELLING.; PHYSICAL THERAPY, REST, ICE, GENTLY COMPRESS,WHEEL CHAIR, CRUTCHES AS TOLERATED, AND VITAMIN D 50,000 U PER WEEK.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt had an injury some weeks ago. Pt now has rt knee swelling and Nonresolving crepetious to the right knee; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	2

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is 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.	4
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	5
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; It is not known if there are documented findings of joint infection.; There are documented physical or plain film findings of delayed or failed healing.; Post-operative Evaluation	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	3

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	5
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	4
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	5
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	3

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	4
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	2

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2016; There has not been any treatment or conservative therapy.; non-healing wound on ankle. Small amount of serious drainage. No odor.	1

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; November 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; X-rays, PT, medication, steroids.. Anti inflammatory	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Pt has cancer in Brain has had radiation and chemo to brain and radiation to HIP, Pt is still having pain, Pt has non cell carcinoma stage 4.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	1

Internal Medicine

Approval

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

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

2

Internal Medicine

Approval

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

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

1

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

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

1

Internal Medicine Approval 74150 CT ABDOMEN WITHOUT
CONTRAST

< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.

1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
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Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis</p>	3
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Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	6 months follow up.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; Acid reflux, joint pain, fatigue, and abnormal abdomen CT.; Alcohol therapy, medications, stopped smoking, diet control.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	daily vomiting w/ no diaherra, 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	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	elevted liver enzymes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT
CONTRAST

FOLLOW UP ON STABILITY OF SIZE OF RENAL
LESION. 04/21/2016: ABNORMAL CT 4-6
MOS. F/U RIGHT RENAL LESION TO DOCUMENT
STABILITY, PREVIOUS HISTORY OF UNCONTROLLED
HYPERTENSION; This is a request for an Abdomen CT.; This
study is being ordered for a known tumor, cancer, mass,
or rule out metastases.; This is not a request for initial
staging of a known tumor other than prostate.; There are
no new signs or symptoms including hematuria, presenting
with known cancer or tumor.; There is no known prostate
cancer with a PSA greater than 10.; No, this is not a
request for follow up to a known tumor or abdominal
cancer.; No, there is a palpable or observed abdominal
mass.; No, there is not an abdominal and pelvic or
retroperitoneal mass that has been confirmed.

1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>her gallbladder scan is normal, so I'm not finding anything that can explain her pain. Can set up a CT scan of the abdomen to look for something not related to her GI tract/slrobertson; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.</p>	1
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Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>HX OF RENAL CELL CANCER,SOLITARY KIDNEY ACQUIRED,PT HAD RENAL CANCER:LEFT KIDNEY REMOVED.REMAING KIDNEY NEEDS CT TO EVALUATE STATUS,R/O CANCER/TUMOR OF REMAINING 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 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.</p>	1
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Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT
CONTRAST

Patient complains of generalized abdominal pain. This is located primarily in the right upper quadrant. There is some radiation to the left side of the back. It began 1 week ago. The onset of pain occurred with no apparent trigger. She characterizes ; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.

1

Internal Medicine

Approval

74150 CT ABDOMEN WITHOUT
CONTRAST

Pt. takes multiple psychotropic drugs as well as routine pain medications. All of these can possibly cause damage to the liver and kidneys.; 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

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Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	surveillance; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; 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.	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	3
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	5
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	3
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	6
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient had an Ultrasound.; The Ultrasound results were equivocal.	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	will fax in 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.	1
Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	3
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		3
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being 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.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	brain : neurological deficits / 3 to 4 years ago abdomen / pelvis : weight lost / PEG tube 2016/ mal nourished; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Dysuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Kidney stone suspected due to 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 female.; A pelvic exam was NOT performed.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient began having swelling to right lower extremity on 12/23/16 worsening overnight. Verified by ultrasound on 12/24/15 acute DVT to right lower extremity. Started on eliquis - pt needs CT PE protocol and CT abd pelvis to rule out malignancy as pt is c; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is needing to get a follow up CT of the abdomen/pelvis region done. Patient is in need of a follow up CT every 6 months to keep an eye on 2 nodules located on patients pancreas.; 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.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient never get any headaches and he has had them constintaly after hitting his head on the cabinets. They have gotten worse and not better. .; This study is being ordered for trauma or injury.; Patient hit his head on a cabinet; It is not known if there has been any treatment or conservative therapy.; Headache that has continued for 9-10 days after hitting his head. Patient also thinks he has a kidney stone	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt with Kidney Mass found on ultrasound.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt. has fever. Suspicion of infection.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	27

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Patient has left lower quadrant tenderness, they can feel the mass during physical examination.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Pt here in office today for evaluation for abd pain that starts in the right upper quad and lower quad.She characterizes it as aching, boring, cramping, dull, and sharp. It is of moderate intensity.she is also having diarrhea and nausea.	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	36
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	10
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;	1
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Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; LLQ pain; tenderness to palpation; diffused pain; ruling out abscess, inflammation, infection	1
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Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 3x3 cm abdominal nodule and persistent llq abdominal pain	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Lower abdominal pain, has had worsening heartburn, stool changes, decreased appetite, weight gain/abdominal bloating, nausea/no emesis, and early satiety. Stools are normal size and consistency but pt has to strain now with every stool even if small/soft,	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; PAIN IN EPIGASTRIC AND RIGHT UPPER QUADRANT,BACK PAIN,UNEXPLAINED WEIGHT LOSS,ANOREXIA,DIARRHEA,VILLOUS ADENOMA POLYP OF DUODENUM	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with history of gastric bypass - with unresolved pain radiating to the RUQ/RLQ/Periumbilical area with significant nausea.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has had left upper quadrant pain for several months	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt is having abdominal pain all over abdomen with slow moving bowels. He has a family history of Pancreatic cancer	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt is having left sided abdominal pain, with diarrhea. This has been going on for about a week. She has tried otc medications with no relief	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt was seen in the emergency department on 11/24/26 for constipation . Xray showed constipation chest xray showed atelectasis	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt will be seeing gi after ct results	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; r/o hernia, new onset of pain and possible hernia recurrence, s/p surgery x2 with possible incarceration 2011. bloating and pain in the area above nae=vel again in the last few weeks and is persistent	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	69

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	9
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Physician found mid-lower abdominal mass on exam. Needs evaluation	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Suspicious mass found on examination of periumbilical area	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	5
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	3

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.

2

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

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.

1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; elevated liver function with history of breast cancer	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Will follow-up on labs to ensure no leukocytosis and concern for appendicitis. Will renew rx for Zofran. Will also get CT abd/pelvis to evaluate further.; 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 had an amylase lab test.; The results of the lab test were normal.	1
Internal Medicine	Approval	74181 MRI ABDOMEN		3

Internal Medicine	Approval	74181 MRI ABDOMEN	<p>1. 2.1 cm low-density mass within segments 2 and 3 of the liver. This does not demonstrate diagnostic features of a hemangioma and is indeterminate. Differential considerations include an atypical hemangioma, a focus of more focal fatty infiltration on a ; 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.</p>	1
Internal Medicine	Approval	74181 MRI ABDOMEN	<p>none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2016; There has been treatment or conservative therapy.; draining fluid from gluteal wound; WOUND CARE and dressing</p>	1
Internal Medicine	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.";</p>	2

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; pt had MRI Abdomen 6 months ago and was recommended a follow up in 6 months for Hemangiona of liver	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed within the last 6 months.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; THERE ARE 3 LARGE SOLID TUMORS OF THE LIVER WITH THE LARGEST MEASURING 16CM. THE APPEARANCE IS SUSPICIOUS FOR A POSSIBLE MALIGNANT ETIOLOGY SUCH AS PRIMARY HEPATOCELLULAR CARCINOMA.	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.";	3
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; pt had CT of abdomen and needs f/u MR of abdomen due to enlarged adrenal gland	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; she had an abdominal US that showed a mass and nodules	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; UNKNOWN	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; decreased sex drive. benign prostatic hyperplasia. referral to endocrinologist after mri of abd	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; PT HAS HAD ABD WITH ABDOMINAL SWELLING. PER CT ON 11/28/16 A MRI IS RECOMMENDED TO EVALUATE 4.9 CM HYPERDENSE MASS IN THE INFERIOR SPLEEN	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study."; PT HAD A CT OF THE ABDOMEN & PELVIS ON 11/16/15 THAT SHOWED A 3.5 CM SOFT TISSUE DENSITY MASS IN THE INFEROPOSTERIOR ASPECT OF THE RIGHT LOBE OF THE LIVER. IT RECOMMENDED FOR PT TO HAVE A MRI TO FURTHER EVALUATE. PT IS NOW HAVING ABDOMINAL PAIN	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; 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
Internal Medicine	Approval	75572 CT Heart		6
Internal Medicine	Approval	75574 CT Angiography Heart coronary arteries, CCTA		1
Internal Medicine	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	5
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		3

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; It is not known if the patient had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; a month; There has been treatment or conservative therapy.; discreased mobility upper exem/ joint pain and spasms; pain medication and muscle relaxers</p>	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina/Chest Pain, Location: radiates to the left arm, Quality: squeezing; sharp, Notes: smoker left chest pain substernal sharp squeezing rad to left shoulder, occ tingling both hands, palpitations, chest pain on exertion, shortness of breath when walking; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	4
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	4
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING		1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.; shortness of breath and fatigue.	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.;	3
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; STARTING CHEMO ASAP	1

Internal Medicine	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	; This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory seizures.; This study is NOT being ordered for pre-surgical evaluation.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	2
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1

Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING FOR LUNG MASS; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Newly diagnosed lung cancer with suspicious of malignancy elsewhere; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was 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.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The 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.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	2
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1

Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	1
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	6
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	1
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	1
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	1
Internal Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	PREVIOUS LOW DOSE CT SHOWED TWO NODULES, RADIOLOGIST SUGGUSTS REPEAT TO FOLLOW-UP, PATIENT HAS A HISTORY OF SMOKING; 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

Internal Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	smoker; This request is for a Low Dose CT 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.; It is unknown if this patient has 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 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
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Internal Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	3
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Internal Medicine	Approval	S8032 Low-dose Computed Tomography 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
Internal Medicine	Approval	S8032 Low-dose Computed Tomography 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
Internal Medicine	Approval	S8037 mrcp		pt is having upper quadrant abdominal pain of unknown etiology; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	2
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	g44.229;; 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
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	MEMORY IMPAIRMENT, weakness, numbness, tingling, tremors, dizziness, frequent or severe headaches, restless legs, and memory lapses or changes;; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	memory lapses or changes, weakness, numbness, tingling, tremors, dizziness, frequent or severe headaches, restless legs; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	none given; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has complaints of loss of sensation in his scalp and has had significant weight loss. Dr. would like further evaluation to determine the cause of these symptoms.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient is being seen for syncope, dizziness, headache and nausea.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient seeing stars when he laugh an cough, when bend for a little while and come back up feels like thing go black, and complaining of fragment headaches on 04/12/2016; 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
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt family is concerned about pts confusion, getting lost and falling, recent 2 mos change in loc; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; There is another reason why an MRI is not being considered; provider requesting CT scan for further eval of confusion	1

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt has headache and vision changes. Blurred vision and excessive sleepiness.; 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
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has headaches a couple of times a week, occasionally with aura. They are not relieved by pain meds. This has been going on most of his life; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt is having numbness and tingling in right arm. Chronic headache. pt has had confusion while driving and had to stop and think about where he was going. Also has made mistakes on business paperwork, which is unusual for him; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; It is unknown why an MRI is not being considered	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1

Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	. Patient is here to followup on several things. First of all she states that her allergies are really bad. She's taking the Flonase and Zyrtec and it still is not helping. She's had multiple rounds of antibiotics over the past 3 months. She states her si; 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	1
Internal Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 10/24/2016; There has been treatment or conservative therapy.; anhedonia, anxious mood, a change in appetite, altered sleep habits and crying spells, pain in head and sinuses; patient has been taking over the counter medications and topamax	1
Internal Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	2
Internal Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2

Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Dr. Zimmerman wants to rule out tumor or any other brain abnormalities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/24/2016; There has not been any treatment or conservative therapy.; Patient has post concussion syndrome which is worsening. Negative EEG and CT head. Patient has speech deficit and is cognitive impaired.	1
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	use of prednisone stopped by doctor due to lack of benefit.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2016; There has been treatment or conservative therapy.; headache around the eyes, visual disturbance, jaw claudication; prednisone, nsaid	1
Internal Medicine	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; headache worst for a month , neck pain, arm weakness, numb feet and blurred vision	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Dr. Zimmerman wants to rule out tumor or any other brain abnormalities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/24/2016; There has not been any treatment or conservative therapy.; Patient has post concussion syndrome which is worsening. Negative EEG and CT head. Patient has speech deficit and is cognitive impaired.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HAS RECENT NEW ONSET OF HEADACHES IN THE FRONTAL PT ALSO HAS SOB; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	His lab in the past also showed a low testosterone as well as a low FSH and LH. He had had a total testosterone done at an outside lab and I confirmed that on my lab testing; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metalic shunt is not functioning correctly.; The patient has a congenital abnormality.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MD looking to r/o Chiari Malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient with metastatic liver cancer presents with headache, provider is concerned with possible brain metastasis; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Syncope, patient has known brain tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the pt is experiencing short term memory loss and tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	use of prednisone stopped by doctor due to lack of benefit.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2016; There has been treatment or conservative therapy.; headache around the eyes, visual disturbance, jaw claudication; prednisone, nsaid	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax records; This study is being ordered for a neurological disorder.; 9-18-2016 symptoms restarted.; There has been treatment or conservative therapy.; seziures and mass in abd; Antibiotics, limiting stress	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/11/2016; There has been treatment or conservative therapy.; neck, back, and shoulder pain; chiropractor, medication	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2016; There has not been any treatment or conservative therapy.; low back pain, bloating, pressure of abdomen, history of uterine cysts.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	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.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	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.	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient 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.	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A 4-mm noncalcified nodule right middle lobe. This is nonspecific; and most commonly secondary to scarring from prior granulomatous disease. Given patient's increased risk for lung cancer, a followup CT scan of the chest in six months is recommended; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chronic cough, increased; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient had abnormal chest x-ray findings. A solitary pulmonary nodule was found in the lower left lobe of patient's lung. Patient also came in with fatigue.; "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.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is having dyspnea with exertion, chronic cough, night sweats, current smoker, and chest x-ray was normal.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT IS HAVING SOB, CHEST PAIN AND COUGH; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PT C/O SHORTNESS OF BREATH, NO OTHER SYMPTOMS, HAS STRONG FAMILY HISTORY OF LUNG CANCER. DOES HAVE HX OF GERD; 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.	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pt has experienced unexplained weight loss; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Shortness of breath, inconclusive results for 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.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/2016; There has not been any treatment or conservative therapy.; MVA, following up on chest nodules, ABN enlargement of the liver, sore throat, cough, wheezing.	1
Internal Medicine	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Checking for Mass; 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

Internal Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1
Internal Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	All other diagnostic tests don't show reason for severe chest pain that has required hospitalization with morphine; This study is being ordered for vascular disease.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
Internal Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	numbness from shoulder to hand X6 months  chest pain with increased cpk; This study is being ordered for vascular disease.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; This is a request for a chest MRI.	1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/11/2016; There has been treatment or conservative therapy.; neck, back, and shoulder pain; chiropractor, medication	1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; 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.; None of the above	1

Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents to clinic today with c/o daily headaches and neck pain. Patient does have a history of fibromyalgia, and reports having neck and headache daily for the past year. She does have a history of migraine headaches, which were related to her me; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; ABOUT 3 WEEKS AGO; There has been treatment or conservative therapy.; ABDOMINAL PAIN ,BACK PAIN BLOATING; PHYSICAL THERAPHY MEDICATIONS	1
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/14/2014; There has been treatment or conservative therapy.; PAIN BACK PAIN , NERVOUS , TENDERNESS; MOTRINE AND HEAT	1
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 10/11/2016; There has been treatment or conservative therapy.; neck, back, and shoulder pain; chiropractor, medication	1
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; ABOUT 3 WEEKS AGO; There has been treatment or conservative therapy.; ABDOMINAL PAIN ,BACK PAIN BLOATING; PHYSICAL THERAPHY MEDICATIONS	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/14/2014; There has been treatment or conservative therapy.; PAIN BACK PAIN , NERVOUS , TENDERNESS; MOTRINE AND HEAT	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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.; Pt tried and failed. Treatment duration was maybe a week; Currently Pt is taking Gavapentin 600mg, hydrocortone, Medrol Dose Pack	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14; There has been treatment or conservative therapy.; pain; medications	1
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				< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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.; headache worst for a month , neck pain, arm weakness, numb feet and blurred vision	
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute on chronic low back pain. previous XR and prolonged conservative therapy with chiropractor/PT and medication management. Pt with worsening symptoms recently and is seeking neurosurgery assessment for potential surgery. Neurosurgeon is wanting update; This study is 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 30, 2016; There has been treatment or conservative therapy.; Degeneration of lumbar intervertebral disc, Neck pain; previous XR and prolonged conservative therapy with chiropractor/PT and medication management	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Auto Accident on 11/23/2016 Patient having low back pain, numbness, muscle spasms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2015; There has not been any treatment or conservative therapy.; Auto Accident on 11/23/2016 Patient having low back pain, numbness, muscle spasms,	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical radiculopathy and new onset of bilateral paresthesias in a patient with a two-year history of neck and back 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.; Weakness in the upper arms, forearms, and both hands.  Tenderness noted in the bilateral lower lumbar paraspinous muscles. Mild tenderness over shoulders SLR negative bilaterally.  Neck/shoulder pain with bilateral paresthesias.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	depression; This study is 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.; back/ neck pain HA; medication	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ha w/ incontinence x 2; frequent HA; This study is being ordered for trauma or injury.; 11/30/2014; There has been treatment or conservative therapy.; ; Meloxicam, tramadol; steroid injections to cspine	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ip skipped clinical questions and will fax clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; back pain, has had problems with cervical radiculopathy for years which is been severe,	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; abnormal x-ray Mild degenerative disc change at C5-6; He has had neck pain located over trapezius muscle which then radiates to head and causes a HA	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Musculoskeletal: Positive for back pain, arthralgias and neck pain. Negative for myalgias and joint swelling.    Neurological: Positive for headaches. Negative for dizziness, tremors, weakness and numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic back pain: pain is moderate and progressive over the years. Pain is positional and sometimes radiate to both thighs. It is aggravated by lifting, bending and standing too long. There is no weakness or saddle anesthesia. Treatments tried over the ye; There has been treatment or conservative therapy.; pain is positional and sometimes radiates to both thighs, is aggravated by lifting, bending and standing to long. Neck pain increased with having to look up to far, radiating into shoulder and causing hands to go numb and tingle.; physical therapy, steroid injections, Nsaids and patient having increased and worsening pain.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain since 08/10/2016; 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

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling worsening in intensity and frequency despite medication management. Need imaging to rule out a herniation or bulging 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.; greater than 6 weeks; There has been treatment or conservative therapy.; numbness and tingling to right arm and right leg. progressively worsening in character; steroids, nsaid,heat compress, and chiropractic therapy	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; <Enter Additional Clinical Information>	1
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Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis; ; It is not known if the patient have new or changing neurological signs or symptoms.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; bilateral trapezium, scm muscles, occipital, no focal midline tenderness  worsening headaches; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; patient has tried tramadol alieve, Tylenol, trazodone all greater than 30 to 90 days and physical therapy 90 days...; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; <Enter Additional Clinical Information>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Constant pain. No relieving factors. Sharp shooting pain. Worsening symptoms. Tenderness.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; This test is requested to refer to Neurosurgery for further evaluation of neck pain post injury; It is not known if the patient have new or changing neurological signs or symptoms.	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Spinal Stenosis, chronic low back pain and neck pain; tried PT and had a previous mri, attempted chiropractic care and was physically unable to complete it	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/2016; There has been treatment or conservative therapy.; Pain that starts in her neck that goes down her arm and back. Has had injections to try to help with this too.; Physical exercise and medication. Still not better.	1
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Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 >;	1
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Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/28/2016; There has been treatment or conservative therapy.; Back Pain; Takes Tramadol, Had X ray,	1
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Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/14; There has been treatment or conservative therapy.; pain; medications	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2015; There has been treatment or conservative therapy.; middle back pain and low back pain; over the counter pain relievers	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	depression; This study is 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.; back/ neck pain HA; medication	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	past history of lumbar compression fx; This study is 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+mos; It is not known if there has been any treatment or conservative therapy.; lumbar and thoracic pain	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt's CT of the abdomen showed no acute process. Pt's labwork (CBC, CMP, Urinalysis) are normal. We have ruled out Renal, Pancreatic and GI problems. MRI to rule out spine problems.; This study is being ordered for a neurological disorder.; About a year ago; There has been treatment or conservative therapy.; Radicular pain in left leg, upper and lower abdominal pain; Pt was prescribed Norco and Soma	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She complains of lower back pain with radiation into the pelvic areas. She also has pain in the mid thoracic spine and does have some significant spurring in the mid thoracic spine. She reports pain in this area without a radicular component. There is pos; This study is being ordered for a neurological disorder.; 11/21/16; There has been treatment or conservative therapy.; She complains of lower back pain with radiation into the pelvic areas. She also has pain in the mid thoracic spine and does have some significant spurring in the mid thoracic spine. She reports pain in this area without a radicular component. There is pos; medication	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		4
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/7/2016; There has been treatment or conservative therapy.; Pain that starts in her neck that goes down her arm and back. Has had injections to try to help with this too.; Physical exercise and medication. Still not better.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; unsteady gait with walking, numbness, tingling, unable to stand or sit for long periods, acute pelvic pain; pain medication, therapy,	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/28/2016; There has been treatment or conservative therapy.; Back Pain; Takes Tramadol, Had X ray,	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/01/2015; There has been treatment or conservative therapy.; middle back pain and low back pain; over the counter pain relievers	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3 weeks of PT, and medications.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute on chronic low back pain. previous XR and prolonged conservative therapy with chiropractor/PT and medication management. Pt with worsening symptoms recently and is seeking neurosurgery assessment for potential surgery. Neurosurgeon is wanting update; This study is 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 30, 2016; There has been treatment or conservative therapy.; Degeneration of lumbar intervertebral disc, Neck pain; previous XR and prolonged conservative therapy with chiropractor/PT and medication management	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Auto Accident on 11/23/2016 Patient having low back pain, numbness, muscle spasms,; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2015; There has not been any treatment or conservative therapy.; Auto Accident on 11/23/2016 Patient having low back pain, numbness, muscle spasms,	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain L4-L5 and no relief from medication; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain radiating down to hip and groin area; leg edema; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back pain that radiates to lower ext. Motor weakness and right achilles tendon decreased reflex; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, leg weakness following MVA 4 months ago; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic 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.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	depression; This study is 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.; back/ neck pain HA; medication	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Onknown If No Info Given. Patient was first seen 11-11-16 for evaluation. He was given an Rx for hydrocodone and handout on back exercises. He continues to have low back an bilateral leg pain with conservative treatment.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluation of patient with persistent mid and low back pain post nsaid, steroids, 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.; Low back pain radiating to LE with Numbness and tingling.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Has had prior x ray that showed disc degeneration on 9/1/2015; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He continues to have increasing pain and whether or not this is related to the weather or not is really unclear. He has a history of low back pain and plain films of the lumbar spine were reviewed. No bony abnormalities were noted. He does have some left ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He complains of weakness in the thigh musculature.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	He has had chiropractic therapy and has had a xray, he is still having back pain. He has also been on steroid therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ip skipped clinical questions and will fax clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.;	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Joint swelling popping calcification of meniscus; This study is 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.; Degenerative disc disease xray of knee and lumbar spine LBP	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain. No relief wth medications provided or muscle relaxers. Pain is continuous when up, lying down it is relieved; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Musculoskeletal: Positive for back pain, arthralgias and neck pain. Negative for myalgias and joint swelling.    Neurological: Positive for headaches. Negative for dizziness, tremors, weakness and numbness.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic back pain: pain is moderate and progressive over the years. Pain is positional and sometimes radiate to both thighs. It is aggravated by lifting, bending and standing too long. There is no weakness or saddle anesthesia. Treatments tried over the ye; There has been treatment or conservative therapy.; pain is positional and sometimes radiates to both thighs, is aggravated by lifting, bending and standing to long. Neck pain increased with having to look up to far, radiating into shoulder and causing hands to go numb and tingle.; physical therapy, steroid injections, Nsaids and patient having increased and worsening pain.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; Lower extremity weakness; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; This study is being ordered for a neurological disorder.; 1 month ago; There has been treatment or conservative therapy.; Can't raise her arms up to her head or make a fist, can't turn neck from side to side, and massive headaches.; PT, medications, insets, and x-rays.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	past history of lumbar compression fx; This study is 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+mos; It is not known if there has been any treatment or conservative therapy.; lumbar and thoracic pain	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had knee replaced in October 2016 and is having knee pain now. Patient reports the pain radiates through his knee and up into his thigh and lower back.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has worsening Lumbar radiculopathy, radiating to and down R leg. Patient has had Lumbar surgery 4 years ago w/hardware placement. Patient had abnormal CT showing L4-L5 herniation in 9/2015, but not showing in CT in 2016. Pain is worsening, numbness; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has back pain, and right leg pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT HAVING CHRONIC BACK PAIN, WENT TO THE ER WITH THIS PAIN 9/26/16 WAS GIVEN TRAMADOL AND NOW SEES DR. 10/11/16 STILL C/O PAIN IN LOW BACK. NORMAL XRAYS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT TAKING PAIN MEDS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt's CT of the abdomen showed no acute process. Pt's labwork (CBC, CMP, Urinalysis) are normal. We have ruled out Renal, Pancreatic and GI problems. MRI to rule out spine problems.; This study is being ordered for a neurological disorder.; About a year ago; There has been treatment or conservative therapy.; Radicular pain in left leg, upper and lower abdominal pain; Pt was prescribed Norco and Soma	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She complains of lower back pain with radiation into the pelvic areas. She also has pain in the mid thoracic spine and does have some significant spurring in the mid thoracic spine. She reports pain in this area without a radicular component. There is pos; This study is being ordered for a neurological disorder.; 11/21/16; There has been treatment or conservative therapy.; She complains of lower back pain with radiation into the pelvic areas. She also has pain in the mid thoracic spine and does have some significant spurring in the mid thoracic spine. She reports pain in this area without a radicular component. There is pos; medication	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	she is having severe lower back pain that radiates down to hip; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	taking pain medication and being seen by chiropractor; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient legs are weaken from 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
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; Spinal Stenosis, chronic low back pain and neck pain; tried PT and had a previous mri, attempted chiropractic care and was physically unable to complete it	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unresolved back pain. patient has tried medications without help. She has limited range of motion, positive straight leg lift, antalgic gait and abnormal bilateral posture.; The study 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.; Unresolved back pain. patient has tried medications without help. She has limited range of motion, positive straight leg lift, antalgic gait and abnormal bilateral posture.	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered because of a suspicious mass/tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having sharp and stabbing pain for 1 year; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; unsteady gait with walking, numbness, tingling, unable to stand or sit for long periods, acute pelvic pain; pain medication, therapy,	1
Internal Medicine	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.	1
Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1

Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Cannot rotate shoulder and cannot lift shoulder. Losing strength in right hand.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Further evaluation is needed to determine the source of this gentleman's bilateral shoulder pain. Plane film xrays showed degeneration but no acute problems. Dr. Jackson has injected with steroids and rx'd oral steroids but patient has had no relief of 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.; Symptoms began approximately mid-October.; There has been treatment or conservative therapy.; Patient is having bilateral shoulder pain, tenderness and tingling down his left arm.; Patient received steroid injection and has used over the counter anti-inflammatory medicine but symptoms have not resolved.	2

Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Left shoulder pain and decreased ROM the past 8 months, Tear of left rotator cuff; 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
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PT HAS COMPLETED 5 OR MORE WEEKS OF PHYSICAL THERAPY WITH NO ALLEVIATION IN 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.; ON OR AROUND 8/22/2016, CHRONIC SHOULDER PAIN; There has been treatment or conservative therapy.; SHOULDER PAIN, TENDERNESS, SHOULDER STIFFNESS, DECREASED RANGE OF MOTION, PARASTHESIAS; PHYSICAL THERAPY	2
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Radiographs revealed arthrosis. Conservative management such as use of non-steroidal anti-inflammatory agents have been unsuccessful and likely have exacerbated his gastroesophageal reflux symptoms; This study is being ordered for a neurological disorder.; 01/11/2016; There has been treatment or conservative therapy.; He has performed stretching mobility exercise and local heat and now is unable to lift his arms above his head, and he is involved as a mechanic. This is very much limiting his activity.; non-steroidal anti-inflammatory agents have been unsuccessful	2

Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;	2
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; UNKNOWN	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; unknown	1

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; cause of bot foot pain	2
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	A piece of concrete fell on foot; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Joint swelling popping calcification of meniscus; This study is 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.; Degenerative disc disease xray of knee and lumbar spine LBP	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has cancer in Brain has had radiation and chemo to brain and radiation to HIP, Pt is still having pain, Pt has non cell carcinoma stage 4.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	4
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	1

Internal Medicine

Disapproval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

Radiology Services
Denied Not
Medically
Necessary

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/2016; There has not been any treatment or conservative therapy.; MVA, following up on chest nodules, ABN enlargement of the liver, sore throat, cough, wheezing.	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will fax records; This study is being ordered for a neurological disorder.; 9-18-2016 symptoms restarted.; There has been treatment or conservative therapy.; seiures and mass in abd; Antibiotics, limiting stress	1
Internal Medicine	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/21/2016; There has not been any treatment or conservative therapy.; low back pain, bloating, pressure of abdomen, history of uterine cysts.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	D13.7: Benign neoplasm of endocrine pancreas Hypoglycemia, ?NIDDM more of hypoglycemia  MICROALBUMIN UR 18.6 A1C 5.6  CORTISOL PM 16.03 normalC-PEPTIDE, SERUM LC 8.6  elevated PROINSULIN LC 13.3 high INSULIN LC 57.9 high r/o insulinoma Growth hormo; 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.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Dysuria - new; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in upper right 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.; 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.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has left lower quadrant pain for weeks. looking for diverticulitis.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operatove complication.; Pre-op or post op evaluation	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; not at this time	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	3
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	5
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain and frequent diarrhea, week long history of LLQ pain	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; COLONSCOPY WAS NORMAL...CONTINUED SYMPTOMS	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; elevated LST,	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; N&V, RUQ severe sharp pain, Pt had insect bit in July that has recently abscessed,	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pain and swelling around belly button	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pain radiates to her lt side; pain escalates when she's walking and running	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has elevated LST	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Pt had previous history of cancer eval for suspicious mass	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; he has some abnormal liver functions	1
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Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra- abdominal bleed.; Trauma;	1
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Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; ABOUT 3 WEEKS AGO; There has been treatment or conservative therapy.; ABDOMINAL PAIN ,BACK PAIN BLOATING; PHYSICAL THERAPHY MEDICATIONS	1
Internal Medicine	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	pt concern, fatigue, strong family history of cad; This is a request for a CT scan for evaluation of coronary calcification.	1
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for a post myocardial infarction evaluation.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	2

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ABNORMAL EKG WITH T WAVE INVERSION.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Angina pectoris, radiates to the left arm, squeezing; sharp, smoker left chest pain substernal sharp squeezing rad to left shoulder, palpitations, chest pain on exertion, shortness of breath when walking, light-headed on standing, calf or jaw pain, and ank; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	EKG was abnormal, Pt admitted to hospital and was releases last Saturday, initial blood pressure was high.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	hypertension, hyperlipidemia and new onset of palpatations/sob; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Once Neurology sees him,I will perform a regadenosan SPECT) I would like to make sure the transient vasodilation with regadenosan is not going to be an issue with his brain) to make sure we are not missing significant underlying CAD; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient has a strong family history of Coronary Artery Disease. Patient experiencing chest pain and palpitations.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.</p>	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient presented to ER with left anterior chest pain radiating into the right arm and shoulder and Tachycardia. Negative for PE based on CT Scan, Negative labs; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt has arm pain, increased dyspnea on exertion and strong family history of CAD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
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Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has hypertension, atypical chest pain, burning sensation in left shoulder and is radiating to jaw and chest, leg swelling, h/x of HTN.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt is having chest pain and also has hypothyroidism; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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

Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
Internal Medicine	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	Chest XR shows chronic COPD; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.	1
Interventional Radiologists	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	1

Interventional Radiologists	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Medical Genetics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient has nystagmis, slow scaccadopic (eye movement), balance, coorination, the gene can affect her mental health; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Nephrology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1

Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt has a h/x of multiple myeloma, just finished t/x and has a continued problem w/ low potassium and elevated albosterone. MDO is wanting to r/o adrenal adenoma; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No,there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.	1
Nephrology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Peritoneal dialysis, was working fine x 2 yrs and no longer working right. Xray - neg. Pt is getting uremic, n/v, fatigue.; 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.	1

Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt has abd pain/low back pain and is s/p renal transplant in 2014	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	5
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	2
Nephrology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/16; There has not been any treatment or conservative therapy.; Hypertension	1

Nephrology	Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.";	1
Nephrology	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		This is a request for a MR Angiogram of the abdomen.	2
Nephrology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Nephrology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Nephrology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/17/16; There has not been any treatment or conservative therapy.; Hypertension	1
Nephrology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 05/04/2016; There has been treatment or conservative therapy.; headaches; Surgery, Occupaptional therapy	1

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Enter answer here - or Type In Unknown If No Info Given; . 854.06 (ICD-9-CM) - S06.2X9A (ICD-10-CM) - Brain contusion, with loss of consciousness of unspecified duration, initial encounter; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Evidence of multiple schwannomas including his lumbar spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Extreme headache after resection of cavernous malformation; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Pt had a recent carnioplasty done 10/24/16; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	5
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.	2

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	6
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	10
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	12
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	20
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	1

Neurological Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Neurological Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.	1
Neurological Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	3
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Follow up of a patient with both moyamoya dz and vasculitis. She has been on steroids and slowly tapering down; This study is being ordered for Inflammatory/ Infectious Disease.; July of 2014; There has been treatment or conservative therapy.; Extremity weakness, unsteady gait, dysarthria, cushingoid appearance (from steroids).; The patient has been on steroids and also had surgery in 2015	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	incidental finding of aneurysm, check for interval growth and check for vascular stenosis.; This study is being ordered for Vascular Disease.; 04/23/2016; There has not been any treatment or conservative therapy.; she had loss of strength to left arm, slurred speech and headaches.	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Need MRI cervical spine due to neck pain and numbness into bilateral arms. Has failed physical therapy. Previous MRI is incomplete and the other is of poor quality. Need CTA brain due to arteriovenous malformation with history of hemorrhage. He is having ; This study is being ordered for Congenital Anomaly.; 2009 arteriovenous malformation with hemorrhage; There has been treatment or conservative therapy.; constant, persistent headache, neck pain with numbness/tingling into bilateral arms. Back pain, joint pain, muscle weakness, neck pain.; Physical therapy for 6 weeks, medication management with tizanidine and tramadol-acetaminophen	1

Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	THIS IS A HOSPITAL FOLLOW UP.; This study is being ordered for Vascular Disease.; 10-12-16; There has been treatment or conservative therapy.; NECK PAIN,LACK OF BALANCE, COORDINATION, DIZZINESS, VERTIGO; CLOPIDOGREL, HEPARIN DRIP	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	THIS IS A POST STROKE PATIENT WITH MOYA MOYA DISEASE NEEDING A FOLLOW UP CTA OF NECK AND HEAD TO CHECK FOR ANY BLOCKED ARTERIES; This study is being ordered for Vascular Disease.; NOVEMBER 2015; There has been treatment or conservative therapy.; MOYA MOYA DISEASE, STROKE; PATIENT HAD AN IR ANGIOGRAM	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	28
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; 3-25-16; There has been treatment or conservative therapy.; neck paid radiating down his right arm to his digits, numbness and tingling in his right elbow, thumb and index finger. electric shock like feeling runs up his arm into his neck; patient wearing neck brace, prescription hydrocodone, aspirin and Norco.	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Follow up of a patient with both moyamoya dz and vasculitis. She has been on steroids and slowly tapering down; This study is being ordered for Inflammatory/ Infectious Disease.; July of 2014; There has been treatment or conservative therapy.; Extremity weakness, unsteady gait, dysarthria, cushingoid appearance (from steroids).; The patient has been on steroids and also had surgery in 2015	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	incidental finding of aneurysm, check for interval growth and check for vascular stenosis.; This study is being ordered for Vascular Disease.; 04/23/2016; There has not been any treatment or conservative therapy.; she had loss of strength to left arm, slurred speech and headaches.	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	THIS IS A HOSPITAL FOLLOW UP.; This study is being ordered for Vascular Disease.; 10-12-16; There has been treatment or conservative therapy.; NECK PAIN,LACK OF BALANCE, COORDINATION, DIZZINESS, VERTIGO; CLOPIDOGREL, HEPARIN DRIP	1

Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	THIS IS A POST STROKE PATIENT WITH MOYA MOYA DISEASE NEEDING A FOLLOW UP CTA OF NECK AND HEAD TO CHECK FOR ANY BLOCKED ARTERIES; This study is being ordered for Vascular Disease.; NOVEMBER 2015; There has been treatment or conservative therapy.; MOYA MOYA DISEASE, STROKE; PATIENT HAD AN IR ANGIOGRAM	1
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	2
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation	1
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; posterior cervical foraminotomy L C2-3, bilat C3-4 3/16/16; Throat issue 9/19/16.; There has been treatment or conservative therapy.; Phillip is 6 months out from posterior cervical foraminotomy on the left at C2-C3 and bilaterally at C3-C4. Postoperatively he did have to have irrigation, incision and drainage of a soft tissue abscess and hematoma. That was followed up by IV antibiotics; Previous Spinal Injections: helped somewhat; Previous Spine Surgery: surgical procedure(s)/date(s): (posterior cervical foraminotomy L C2-3, bilat C3-4 3/16/16)	1

Neurological Surgery	Approval	70544 Mr angiography head w/o dye	Patient with left cerebellopontine angle tumor versus aneurysm with transient ischemic attack symptoms. Need MRI brain with contrast and MRA head to distinguish tumor from aneurysm. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	Patient's primary care doctor has referred this patient to Dr. Ali Krisht to decide further treatment.; This study is being ordered for Vascular Disease.; JUNE 2016; It is not known if there has been any treatment or conservative therapy.; ARTERIOVENOUS MALFORMATION, MEMORY LOSS, HEADACHES	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST 1

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST 1

< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST 1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	3

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1 year brain MRI required for brain lesion found on prior MRI. Meningioma without etiologies. Follow up after films; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for Congenital Anomaly.; 06/09/2010; There has been treatment or conservative therapy.; JUST ANNUAL FOLLOW UP; BONY DECOMPRESSION WITH PARTIAL THICKNESS DURAPLASTY IN 2010, HAD RECURRENCE OF A SYRINX, THEN HAD A REPEAT CHIARI DECOMPRESSION 6/24/15 WITH INTRADURAL EXPLORATION AND SHRINKAGE OF HIS CEREBELLAR TONSILS WITH A DURAPLASTY	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chiari I malformation with headaches. 6 mm cerebellar descent of bilateral tonsils from the foramen magnum. Need MRI cervical spine to evaluate further to see if there is any compression of the cervical spine/brainstem. Also need MRI brain with cerebral s; This study is being ordered for Congenital Anomaly.; Unknown. Initially diagnosed 12/21/2015; There has been treatment or conservative therapy.; Headache, dizziness, blurred vision, double vision, neck stiffness.; Medication management for headaches, including Lamictal and Cymbalta.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2011; There has not been any treatment or conservative therapy.; CHIARI MALFORMATION AND SYRINX, ASYMPTOMATIC	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ensuring there is no growth or hydrocephalus develops from the ventricular lesion.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	evaluation for possible lesion; This study is being ordered for trauma or injury.; September 2016; There has been treatment or conservative therapy.; increasing spasticity and gait instability; Patient has been referred for outpatient rehab	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EVALUATION OF CHIARI MALFORMATION; This study is being ordered for Congenital Anomaly.; 2008; There has been treatment or conservative therapy.; HEADACHES, NECK HURTS, COMPLAINS OF PIN AND NEEDLES OF THE HANDS ON BOTH SIDES, ISSUES SWALLOWING; CHIARI I DECOMPRESSION 2011, RESECTION OF HEMANGIOENDOTHELIOMA 2011,	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up of a patient with breast cancer/brain mets. Had resection in 2015 of a adenocarcinoma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up of a patient with known craniopharyngioma-small area of enhancement which has remained stable-follow up on 10-7-16 to make sure there have been no changes.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	follow up to a brain tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

I am going to go ahead and order an MRI scan of her brain with and without gadolinium to rule out a demyelinating disorder or other explanation for this bilateral atypical facial pain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Increasing memory loss over the past year; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains ; This study is being ordered for a neurological disorder.; Approximately 4-5 months, July-August 2016; There has not been any treatment or conservative therapy.; Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains</p>	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Mrs. Graham complains of severe facial pain The patient reports the pain level is 10/10. Location of pain is around right side of nose, right mid cheek and right upper lip. The division of the trigeminal nerve involved is maxillary. The patient descri; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Need a new MRI brain with navigation protocol for surgical resection of brain tumor which is scheduled on 11/1/2016. This is for surgical planning.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with known Chiari malformation. Evidence of 8 mm of cerebellar tonsil descent. CSF crowding in the foramen magnum and syringohydromyelia at C7. Need new MRI brain and cervical spine to evaluate worsening headaches, neck pain, numbness, and weakness; This study is being ordered for Congenital Anomaly.; Most recent symptom onset 3 weeks ago. Chiari malformation first diagnosed in 2012.; There has been treatment or conservative therapy.; Headache, neck pain, numbness to the arms, weakness to the arms, exertional pain, black outs, difficulty swallowing, snoring, paresthesias down spine and into limbs; Treatment with physical therapy, Topamax, Inderal, Tramadol, Advil, Depakote	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with left cerebellopontine angle tumor versus aneurysm with transient ischemic attack symptoms. Need MRI brain with contrast and MRA head to distinguish tumor from aneurysm. ; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient's primary care doctor has referred this patient to Dr. Ali Krisht to decide further treatment.; This study is being ordered for Vascular Disease.; JUNE 2016; It is not known if there has been any treatment or conservative therapy.; ARTERIOVENOUS MALFORMATION, MEMORY LOSS, HEADACHES	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	POST OPERATIVE MRI. HAD RESECTION OF VASCULAR MALFORMATION ON 10-6-16; 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
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	problem is becoming worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Neck pain, arm pain, scalpular pain, headaches.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt had a tumor in the brain removed when she was 12 and was referred to neuro surgeon just to check to make sure tumor has not returned since Pt has vertigo when bending over.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt was being seen for scoliosis and mri of the entire spine and found chiari malformation on the C spine and needs this mri to complete workup; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt was diagnosed with an intraparenchymal hemorrhage of unknown pathology upon admission to the hospital. An MRI of the brain is being requested to evaluate the causes of the hemorrhage. Upon examination in the office visit yesterday, pt has cervical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2016; There has been treatment or conservative therapy.; Headaches, cervical myelopathy, energy level being lower than usual; Hospitalization from 09/13/2016 to 09/22/2016	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RULE OUT POSSIBLE TETHERED CORD SYRINX OR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 01/07/2015; There has been treatment or conservative therapy.; SPINA BIFIDA, MOTOR DELAY, SHUNTED HYDROCEPHALUS, WORSENING OF EQUINOVARUS DEFORMITY AND HEEL CORD TIGHTNESS, LEAKING BETWEEN CATHETERIZATIONS.; MMC CLOSURE AND VP SHUNT PLACEMENT	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	severe pain,; This request is for a Brain MRI; The study is NOT being requested 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
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is follow up imaging for patient last seen 8/1/16 right brain lesion with surrounding cyst. She has a history arteriovenous malformation hemorrhage with gamma knife in 2002. Patient had syncopal episode 7/19/16. She was hospitalized and a brain mass ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; It is not known if there are physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	6
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	27

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	5
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	3
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.	8
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	69

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	15
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	10
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Two year follow up of a meningioma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; May 2016; There has been treatment or conservative therapy.; Numbness, weakness, fatigue; Labs, EMG/NCS, Medications	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	year follow if for neuroma, fibromatosis; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Yearly follow up of a patient with a history of a meningioma.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Yearly follow up of a patient with meningioma. Had resection on 8-3-11; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurological Surgery	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	4
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is 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
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	checking for nerve root compression.; This study is being ordered for trauma or injury.; 2/2016; There has been treatment or conservative therapy.; neck pain, arm weakness, numbness and tingling down the upper extremity, low back pain. numbness and tingling in the left thigh.; physical, chiropractic, steroids by mouth, anti inflammatory	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	CT Scan showed Stenosis and Spurs difficulty with rotation of neck; This study is being ordered for a neurological disorder.; 5-22-2016; There has been treatment or conservative therapy.; arm and leg weakness and pain in neck and back; been on medication for years and injections and steroids.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Evidence of multiple schwannomas including his lumbar spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	fracture; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	His x-rays look good. I would like to repeat his CT imaging here in about 8 weeks to verify fusion. He is a very big guy and there is a lot of stress on that hardware and it is imperative we know if there is any early failure because failure in his hard; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	More details for upcoming 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.; October 6, 2016; There has been treatment or conservative therapy.; Middle and lower back pain with radiating pain to the Left thigh and bilateral buttock. Numbness BUE and BLE along with muscle atrophy in bilateral thigh with tingling bilateral anterior thigh.; Physical therapy and steroid dose packs.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	n/a; It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	n/a; This study is being ordered for a neurological disorder.; 4/14/2015; There has been treatment or conservative therapy.; Neck and arm weakness and pain, low back and leg pain.; Surgery on neck, anti inflammatory, PT, and muscle relaxers.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	NECK PAIN, DIFFICULTY MOTOR CONTROL, WORST C3-6; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	neck pain, right arm pain with weakness, radiates to shoulder, with decreased ROM; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient is has significant stenosis at L4-5. Doctor would expect him to be hyporeflexic but instead is hyperreflexic in the patellar reflexes. Concerned of stenosis somewhere else in spine; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Thoracic and lumbar pain with discomfort in the legs especially when walking or standing.; Patient has been on gabapentin as well as meloxicam for his pain	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient underwent a ACDF C4-C5 and C5-C6 that was done on May 16, 2016. she returns with moderate improvement in her bilateral upper extremity pain. Patient has moderately improved since surgery. She complains that her arms feel numb her in the day; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient with severe neck pain, cervicogenic headaches. He has failed all types of conservative treatment options such as physical therapy, acupuncture, traction, massage, chiropractor, injections, meds.; This study is being ordered for a neurological disorder.; 01/15/2016; There has been treatment or conservative therapy.; severe neck pain radiating to arms, also weakness and numbness on upper extremities.; physical therapy for upper extremities strengthening, neck collar, etc.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt had sx 8/17/2016 and cannot straighten neck need ct - mri's already approved; This study is being ordered for a neurological disorder.; patient is post surgical with cervical kyphosis 8/17/2016; There has been treatment or conservative therapy.; cannot straighten neck - post surgical; pt had therapy and esi prior to surgery	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Pt has a fracture of C7, been wearing a hard collar for the past 6 weeks and pain is continuously getting worse.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	PT is having severe neck pain. PT fell and had a cervical fracture. Did have a CT C spine in august (follow up to that), and Physical therapy. Getting scan to get follow up to fracture.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Status post ACDF C 6-7 in 2014, now presents with cervicalgia, right upper extremity weakness and numbness and tingling in fingers of right hand. Pain in the base of the skull that radiates into right shoulder and mediates down to fingers.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait.	4
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of new foot drop.	4
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	2
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 follow-up surgery or fracture within the last 6 months.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	3
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.	9
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is 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 radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	23
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Unknown; This study is being ordered for a neurological disorder.; May 2016; There has been treatment or conservative therapy.; Numbness, weakness, fatigue; Labs, EMG/NCS, Medications	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Evidence of multiple schwannomas including his lumbar spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient is has significant stenosis at L4-5. Doctor would expect him to be hyporeflexic but instead is hyperreflexic in the patellar reflexes. Concerned of stenosis somewhere else in spine; This study is being ordered for a neurological disorder.; Several years ago; There has been treatment or conservative therapy.; Thoracic and lumbar pain with discomfort in the legs especially when walking or standing.; Patient has been on gabapentin as well as meloxicam for his pain	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	patient is status post a thoracic fusion. She is complaining of upper thoracic pain that is around the top of a screw. We would like to evaluate for adequate fusion in order to assess if stable for hardware removal.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	pt had sx 8/17/2016 and cannot straighten neck need ct - mri's already approved; This study is being ordered for a neurological disorder.; patient is post surgical with cervical kyphosis 8/17/2016; There has been treatment or conservative therapy.; cannot straighten neck - post surgical; pt had therapy and esi prior to surgery	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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.	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	To rule out nerve root compression; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;;	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;	2
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Both the MRI of the cervical spine and the CT of the lumbar spine are being ordered to further evaluate the pathology behind the pt's symptoms.; This study is being ordered for a neurological disorder.; 01/01/2012; There has been treatment or conservative therapy.; Low back pain that radiates to bilateral thighs, with the right thigh being worse than the left thigh. Numbness in the right thigh. Weakness on the right side.; Physical therapy, epidural steroid injections (ESIs), cervical fusion surgery	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	checking for nerve root compression.; This study is being ordered for trauma or injury.; 2/2016; There has been treatment or conservative therapy.; neck pain, arm weakness, numbness and tingling down the upper extremity, low back pain. numbness and tingling in the left thigh.; physical, chiropractic, steroids by mouth, anti inflammatory	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	CT Scan showed Stenosis and Spurs difficulty with rotation of neck; This study is being ordered for a neurological disorder.; 5-22-2016; There has been treatment or conservative therapy.; arm and leg weakness and pain in neck and back; been on medication for years and injections and steroids.	1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	More details for upcoming 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.; October 6, 2016; There has been treatment or conservative therapy.; Middle and lower back pain with radiating pain to the Left thigh and bilateral buttock. Numbness BUE and BLE along with muscle atrophy in bilateral thigh with tingling bilateral anterior thigh.; Physical therapy and steroid dose packs.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	n/a; This study is being ordered for a neurological disorder.; 4/14/2015; There has been treatment or conservative therapy.; Neck and arm weakness and pain, low back and leg pain.; Surgery on neck, anti inflammatory, PT, and muscle relaxers.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	51
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	7

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	21
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	32
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Tremors and weakness on right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/25/2016; There has been treatment or conservative therapy.; Neck pain. Left arm pain.; PT, exercise. Medications.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/19/2016; There has been treatment or conservative therapy.; back pain with bilateral leg pain left leg worse than right, neck and mid-back pain radiating into left arm; pain management, medication, injections, physical therapy	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/1/16; There has been treatment or conservative therapy.; excelerie back pain / radiation down arm rt hip and leg pain; injections/ PT	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/6/2016; There has been treatment or conservative therapy.; back pain, radiating to lower extremities; PT, facet block	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2016; There has been treatment or conservative therapy.; Pain radiating, radiculopathy,; medication, PT	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-1-16; There has been treatment or conservative therapy.; neck and lower back pain; medication, physical therapy	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She describes numbness and pain and loss of sensation into the hands and fingers of both upper extremities. She says she's having episodic loss of grip strength in the hands and is dropping things.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Biceps +1 on the right and 2 on the left	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Fusion done in June; There has been treatment or conservative therapy.; spasms. calf tenderness, chest pain, chills constipation. L sided headaches, L posterior neck pain radiating to L shoulder and L upper extremity. Feels like pins and needles;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient says she's been having symptoms for 12 years.; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; She is referred to us by Dr. Martha Garrett Shaver.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/8/2016; There has been treatment or conservative therapy.; Pain radiculopathy numbness/tingling; Meds PT	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; posterior cervical foraminotomy L C2-3, bilat C3-4 3/16/16; Throat issue 9/19/16.; There has been treatment or conservative therapy.; Phillip is 6 months out from posterior cervical foraminotomy on the left at C2-C3 and bilaterally at C3-C4. Postoperatively he did have to have irrigation, incision and drainage of a soft tissue abscess and hematoma. That was followed up by IV antibiotics; Previous Spinal Injections: helped somewhat; Previous Spine Surgery: surgical procedure(s)/date(s): (posterior cervical foraminotomy L C2-3, bilat C3-4 3/16/16)</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>2 YEAR FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/30/2012; There has not been any treatment or conservative therapy.; 2 YEAR FOLLOW UP. HAS OCCASIONAL HEADACHES</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>ANNUAL FOLLOW UP; This study is being ordered for Congenital Anomaly.; 06/09/2010; There has been treatment or conservative therapy.; JUST ANNUAL FOLLOW UP; BONY DECOMPRESSION WITH PARTIAL THICKNESS DURAPLASTY IN 2010, HAD RECURRENCE OF A SYRINX, THEN HAD A REPEAT CHIARI DECOMPRESSION 6/24/15 WITH INTRADURAL EXPLORATION AND SHRINKAGE OF HIS CEREBELLAR TONSILS WITH A DURAPLASTY</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Both the MRI of the cervical spine and the CT of the lumbar spine are being ordered to further evaluate the pathology behind the pt's symptoms.; This study is being ordered for a neurological disorder.; 01/01/2012; There has been treatment or conservative therapy.; Low back pain that radiates to bilateral thighs, with the right thigh being worse than the left thigh. Numbness in the right thigh. Weakness on the right side.; Physical therapy, epidural steroid injections (ESIs), cervical fusion surgery	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chiari I malformation with headaches. 6 mm cerebellar descent of bilateral tonsils from the foramen magnum. Need MRI cervical spine to evaluate further to see if there is any compression of the cervical spine/brainstem. Also need MRI brain with cerebral s; This study is being ordered for Congenital Anomaly.; Unknown. Initially diagnosed 12/21/2015; There has been treatment or conservative therapy.; Headache, dizziness, blurred vision, double vision, neck stiffness.; Medication management for headaches, including Lamictal and Cymbalta.	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>CONCERNED HAS CERVICAL MYELOPATHY ISSUES. &#x0D; PT WENT TO ER UNABLE TO AMBULATE. TROUBLE WITH NECK AND BACK PAIN.&#x0D; GAIT HAS CHANGED SO MUCH SO QUICKLY IN A MATTER OF A FEW DAYS, DR THINKS THERE IS CHANGES FROM THE LAST MRI OF THE L SPINE AS WELL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HE HAD HAD PAIN SINCE 2010 OR 2009. WAS ABLE TO BE CONTROLLED BY MEDICATION. IN 2016 HAS GOT WORSE, GAIT UNSTABLE UNABLE TO AMBULATE, SEVERE PAIN IN BACK AND LEGS. IN NECK GOING DOWN ARM, NUMBNESS. CONCERNED OF CERVICAL RADICULOPHY AND MYELOPHY.ISSUES WITH; There has been treatment or conservative therapy.; SEVERE PAIN BACK AND NECK,&#x0D; TROUBLE WALKING, GAIT UNSTABLE. HAS TO PICK UP HIS RIGHT LEG TO WALK, PSEUDOClaudication. &#x0D; NUMBNESS IN ARMS RIGHT HANDS.; MEDICATIONS- &#x0D; TYLENOL 3, MOBIC, ROBAXIN, &#x0D; PHYSICAL THERAPY IN 2016,</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 11/22/2011; There has been treatment or conservative therapy.; NEUROGENIC BOWEL AND BLADDER, BILATERAL CLUB FEET, PASTICITY IN HER LOWER EXTREMITIES; T7-10 LAMINECTOMIES, WITH RESECTION OF DERMAL SINUS TRACT, UNTETHERING OF SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVELS</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2011; There has not been any treatment or conservative therapy.; CHIARI MALFORMATION AND SYRINX, ASYMPTOMATIC	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	evaluation for possible lesion; This study is being ordered for trauma or injury.; September 2016; There has been treatment or conservative therapy.; increasing spasticity and gait instability; Patient has been referred for outpatient rehab	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVALUATION OF CHIARI MALFORMATION; This study is being ordered for Congenital Anomaly.; 2008; There has been treatment or conservative therapy.; HEADACHES, NECK HURTS, COMPLAINS OF PIN AND NEEDLES OF THE HANDS ON BOTH SIDES, ISSUES SWALLOWING; CHIARI I DECOMPRESSION 2011, RESECTION OF HEMANGIOENDOTHELIOMA 2011,	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	growing pain; This study is being ordered for a neurological disorder.; 11/16; There has not been any treatment or conservative therapy.; Numbness and tingling	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Having some pain in my neck; causing pain down right arm and right hand has been drawing up. Patient had an Anterior Cervical Discectomy and Fusion C5-6 and C6-7 left side approach on 02/05/15.; 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.; Having some pain in my neck; causing pain down right arm and right hand has been drawing up. Patient had an Anterior Cervical Discectomy and Fusion C5-6 and C6-7 left side approach on 02/05/15.</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>He has a cervical kyphosis on inspection. He is unable to straighten his neck. His cervical incision is healing nicely. The rest of his exam is unremarkable.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient is post surgical 8/17 for cervical laminectomy and has developed cervical kyphosis; There has been treatment or conservative therapy.; patient is unable to straighten neck; x-ray shows cervical kyphosis centered below the implants and slight reduction of flexion extension views; patient had therapy and cesi prior to 8/17 surgery</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chief Complaint: Neck and LBP ; Issues started about several month(s) ago . ; Reason for Visit: 48-year-old female who is a long-term patient of our clinic. She has had an L5-S1 anterior lumbar interbody fusion per Dr. Knox (7/5/2012) and also a C4-T1 ante; This is a request for 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: Sensory exam of the right side demonstrates C8 sensory impairment	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The last spine MRI was performed more than 6 months ago.; Known Tumor with or without metastasis	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	leg weakness bilateral; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; birth; There has been treatment or conservative therapy.; left caft is given away; surgeries / vector device in side patient / tethered cord release	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains ; This study is being ordered for a neurological disorder.; Approximately 4-5 months, July-August 2016; There has not been any treatment or conservative therapy.; Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>n/a; This study is being ordered for a neurological disorder.; 5/19/2015; There has been treatment or conservative therapy.; Neck and arm pain, back and leg pain, numbness into thumbs, hip pain, leg weakness, and flexion, extension and rotation is uncomfortable in the neck and back.; anti inflammatory, PT, home exercise, and steroids.</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	neck pain he is still having pain, numbness and a burning sensation down his right arm. He is taking Neurontin 300mg TID and states it is not helping to decrease any pain. The patient has also tried narcotic pain medication, oral steroids and NSAIDsiven.; 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
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Need MRI cervical spine due to neck pain and numbness into bilateral arms. Has failed physical therapy. Previous MRI is incomplete and the other is of poor quality. Need CTA brain due to arteriovenous malformation with history of hemorrhage. He is having ; This study is being ordered for Congenital Anomaly.; 2009 arteriovenous malformation with hemorrhage; There has been treatment or conservative therapy.; constant, persistent headache, neck pain with numbness/tingling into bilateral arms. Back pain, joint pain, muscle weakness, neck pain.; Physical therapy for 6 weeks, medication management with tizanidine and tramadol-acetaminophen	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; This study is being ordered for a neurological disorder.; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; There has been treatment or conservative therapy.; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has known brain cancer, believes it has spread to spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is a surgical candidate. presents with continued worsening weakness throughout and progressively worsening 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with known Chiari malformation. Evidence of 8 mm of cerebellar tonsil descent. CSF crowding in the foramen magnum and syringohydromyelia at C7. Need new MRI brain and cervical spine to evaluate worsening headaches, neck pain, numbness, and weakness; This study is being ordered for Congenital Anomaly.; Most recent symptom onset 3 weeks ago. Chiari malformation first diagnosed in 2012.; There has been treatment or conservative therapy.; Headache, neck pain, numbness to the arms, weakness to the arms, exertional pain, black outs, difficulty swallowing, snoring, paresthesias down spine and into limbs; Treatment with physical therapy, Topamax, Inderal, Tramadol, Advil, Depakote	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>patient with severe neck pain, cervicogenic headaches. He has failed all types of conservative treatment options such as physical therapy, acupuncture, traction, massage, chiropractor, injections, meds.; This study is being ordered for a neurological disorder.; 01/15/2016; There has been treatment or conservative therapy.; severe neck pain radiating to arms, also weakness and numbness on upper extremities.; physical therapy for upper extremities strengthening, neck collar, etc.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Per Dr. Rubin the patient needs to have a MRI of the cervical and thoracic spine as recommended by the radiologist that read her MRI of the brachial plexus. The radiologist feels that there is concerning findings for sarcoidosis of the cervical and thorac; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand.; Physical Therapy in 2015 and at home exercises as well as over the counter pain medication.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>problem is becoming worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Neck pain, arm pain, scalpular pain, headaches.</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PT has a CT of cervical spine which showed spinal canal stenosis (severe).; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2015; There has been treatment or conservative therapy.; Severe chronic neck and lower back pain. radiating from neck to shoulders. Muscle spasms.; Pain Medication, and Epidural steroid injections.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt was diagnosed with an intraparenchymal hemorrhage of unknown pathology upon admission to the hospital. An MRI of the brain is being requested to evaluate the causes of the hemorrhage. ; Upon examination in the office visit yesterday, pt has cervical; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2016; There has been treatment or conservative therapy.; Headaches, cervical myelopathy, energy level being lower than usual; Hospitalization from 09/13/2016 to 09/22/2016	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RULE OUT POSSIBLE TETHERED CORD SYRINX OR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 01/07/2015; There has been treatment or conservative therapy.; SPINA BIFIDA, MOTOR DELAY, SHUNTED HYDROCEPHALUS, WORSENING OF EQUINOVARUS DEFORMITY AND HEEL CORD TIGHTNESS, LEAKING BETWEEN CATHETERIZATIONS.; MMC CLOSURE AND VP SHUNT PLACEMENT	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RULE OUT SYRINX OR TETHERED CORD; This study is being ordered for a neurological disorder.; 9/28/16; There has not been any treatment or conservative therapy.; HEADACHES, DIZZINESS, PASSIN OUT SPELLS, MRI DONE 9/28/16 SHOWED CHIARI I MALFORMATION	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	12
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	2
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	4
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	18
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	77
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	3

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; has bilateral N/T in her hands with some pain that has progressed over the past 2 years. This is worst when using her hands and occasionally wakes her up at night. She has moderate CTS on her EMG/NCV bilaterally. She has tried wrist splinting with only mi; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient has 1 year of progressive low back pain and hip pain. He also reports difficulty using his hands. He's been using a walker for 3 years. He has a wide based unsteady gait. He is not myelopathic on exam. His MRI lumbar spine does not explain his sym; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	35

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; unknown; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	17
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	12
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	4

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; conservative treatment with fam doctor	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; This 54 year old male presents with neck pain. He states that the pain starts at the back of the head and radiates into his neck with numbness and tingling that radiates down the left arm from the shoulder to the elbow. He states that this began around Se; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Ms. Gonzalez is here today for return appointment following PT to Cervical and Lumbar Spine and EMG/NCV BUE. She was unable to get MRI Cervical due to insurance denial until 6 weeks of therapy has been completed. She presents today with 8/10 pain in her n; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 08/2016; There has been treatment or conservative therapy.; gait disturbance, trimmers in both hands.; PT, medication	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/1/2016; There has been treatment or conservative therapy.; back pain, right hip pain, right leg pain, neck pain, and right arm numbness; Patient has had multiple injections with little relief and physical therapy.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2016; There has been treatment or conservative therapy.; foot drop, back pain,; medication	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/6/2016; There has been treatment or conservative therapy.; back pain, radiating to lower extremities; PT, facet block	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7-28-2016; There has been treatment or conservative therapy.; sinus pressure, lost of balance, numbness/tingling; x-ray,	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Fusion done in June; There has been treatment or conservative therapy.; spasms. calf tenderness, chest pain, chills constipation. L sided headaches, L posterior neck pain radiating to L shoulder and L upper extremity. Feels like pins and needles;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient says she's been having symptoms for 12 years.; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; She is referred to us by Dr. Martha Garrett Shaver.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.;	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/8/2016; There has been treatment or conservative therapy.; Pain radiculopathy numbness/tingling; Meds PT	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	2 YEAR FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/30/2012; There has not been any treatment or conservative therapy.; 2 YEAR FOLLOW UP. HAS OCCASIONAL HEADACHES	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for Congenital Anomaly.; 06/09/2010; There has been treatment or conservative therapy.; JUST ANNUAL FOLLOW UP; BONY DECOMPRESSION WITH PARTIAL THICKNESS DURAPLASTY IN 2010, HAD RECURRENCE OF A SYRINX, THEN HAD A REPEAT CHIARI DECOMPRESSION 6/24/15 WITH INTRADURAL EXPLORATION AND SHRINKAGE OF HIS CEREBELLAR TONSILS WITH A DURAPLASTY	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 11/22/2011; There has been treatment or conservative therapy.; NEUROGENIC BOWEL AND BLADDER, BILATERAL CLUB FEET, PASTICITY IN HER LOWER EXTREMITIES; T7-10 LAMINECTOMIES, WITH RESECTION OF DERMAL SINUS TRACT, UNTETHERING OF SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVELS	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2011; There has not been any treatment or conservative therapy.; CHIARI MALFORMATION AND SYRINX, ASYMPTOMATIC	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	evaluation for possible lesion; This study is being ordered for trauma or injury.; September 2016; There has been treatment or conservative therapy.; increasing spasticity and gait instability; Patient has been referred for outpatient rehab	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVALUATION OF CHIARI MALFORMATION; This study is being ordered for Congenital Anomaly.; 2008; There has been treatment or conservative therapy.; HEADACHES, NECK HURTS, COMPLAINS OF PIN AND NEEDLES OF THE HANDS ON BOTH SIDES, ISSUES SWALLOWING; CHIARI I DECOMPRESSION 2011, RESECTION OF HEMANGIOENDOTHELIOMA 2011,	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	growing pain; This study is being ordered for a neurological disorder.; 11/16; There has not been any treatment or conservative therapy.; Numbness and tingling	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	He has a cervical kyphosis on inspection. He is unable to straighten his neck. His cervical incision is healing nicely. The rest of his exam is unremarkable.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient is post surgical 8/17 for cervical laminectomy and has developed cervical kyphosis; There has been treatment or conservative therapy.; patient is unable to straighten neck; x-ray shows cervical kyphosis centered below the implants and slight reduction of flexion extension views; patient had therapy and cesi prior to 8/17 surgery	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; follow up	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.;	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	5
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	leg weakness bilateral; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; birth; There has been treatment or conservative therapy.; left caft is given away; surgeries / vector device in side patient / tethered cord release	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Medications, injections, and physical therapy that patient was unable to complete due to 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.; 07/01/2016; There has been treatment or conservative therapy.; Medications, injections, and physical therapy that patient was unable to complete due to pain; Medications, injections, and physical therapy that patient was unable to complete due to pain	1

Neurological Surgery

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains ; This study is being ordered for a neurological disorder.; Approximately 4-5 months, July-August 2016; There has not been any treatment or conservative therapy.; Mrs Jordan presents with symptoms that include joint pain, limping, loss of balance, numbness in the right leg, tingling in the arms, tingling in the legs, vision loss/blurriness and dropping items on right and left. Additional information: She complains

1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; This study is being ordered for a neurological disorder.; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; There has been treatment or conservative therapy.; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201; Patient has a thoracic fracture at T3. She complains of occasional bilateral arm pain to her elbow on the posterior aspect. She complains of numbness and tingling in her ears bilaterally. She states that her symptoms began after a MVA on October 20, 201	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient has known brain cancer, believes it has spread to spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient has T12 compression fracture as well as tenderness along right SI joint.; This study is being ordered for trauma or injury.; two months ago; There has been treatment or conservative therapy.; Severe back pain, buttock pain, back symptoms, depressed mood and sleeping problems; NSAIDS, opioid analgesics and muscle relaxers	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Per Dr. Rubin the patient needs to have a MRI of the cervical and thoracic spine as recommended by the radiologist that read her MRI of the brachial plexus. The radiologist feels that there is concerning findings for sarcoidosis of the cervical and thorac; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; Presents with neck pain radiating to her right shoulder. She complains of numbness and tingling in her right hand.; Physical Therapy in 2015 and at home exercises as well as over the counter pain medication.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Pre-surgical evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2015; There has been treatment or conservative therapy.; Pain in lower thoracic spine. Numbness and tingling down both legs. Worse when walking or standing.; Epidural steroid injections, Voltaren gel, opioid analgesics.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	problem is becoming worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Neck pain, arm pain, scalpular pain, headaches.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	RULE OUT POSSIBLE TETHERED CORD SYRINX OR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 01/07/2015; There has been treatment or conservative therapy.; SPINA BIFIDA, MOTOR DELAY, SHUNTED HYDROCEPHALUS, WORSENING OF EQUINOVARUS DEFORMITY AND HEEL CORD TIGHTNESS, LEAKING BETWEEN CATHETERIZATIONS.; MMC CLOSURE AND VP SHUNT PLACEMENT	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	RULE OUT SYRINX OR TETHERED CORD; This study is being ordered for a neurological disorder.; 9/28/16; There has not been any treatment or conservative therapy.; HEADACHES, DIZZINESS, PASSIN OUT SPELLS, MRI DONE 9/28/16 SHOWED CHIARI I MALFORMATION	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Tenderness: level T3-T4 left paraspinal. Sensory exam of the left side demonstrates T3 sensory impairment and T4 sensory impairment.; 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

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; evaluation of discitis; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; motor strengthen in bilateral lower extremities, psoas, quads, plantar flexin dorsi flexin is 4/5, mid thoracic tenderness range of motion of cervical spine is deministed, placing on modic, in review for facet injections of thoracic spine; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; pain; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Sensory exam: vibration sense was intact. Dysdiadochokinesia was not present. Finger to nose dysmetria was not present. Heel-shin dysmetria was not present. Biceps: right 2+, left 2+. Triceps: right 1+, left 1+. Brachioradialis: right 2+, left 2+.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	3
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	5
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	3
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	2
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 08/2016; There has been treatment or conservative therapy.; gait disturbance, trimmers in both hands.; PT, medication	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;</p>	1
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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2016; There has been treatment or conservative therapy.; foot drop, back pain,; medication</p>	1
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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/19/2016; There has been treatment or conservative therapy.; back pain with bilateral leg pain left leg worse than right, neck and mid-back pain radiating into left arm; pain management, medication, injections, physical therapy	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/1/16; There has been treatment or conservative therapy.; excelerie back pain / radiation down arm rt hip and leg pain; injections/ PT	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2016; There has been treatment or conservative therapy.; Pain radiating, radiculopathy,; medication, PT	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-1-16; There has been treatment or conservative therapy.; neck and lower back pain; medication, physical therapy	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 18 2016; There has been treatment or conservative therapy.; lower back pain and hip pain/loss of strength in lower extremities; surgery/injections	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7-28-2016; There has been treatment or conservative therapy.; sinus pressure, lost of balance, numbness/tingling; x-ray,	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She describes numbness and pain and loss of sensation into the hands and fingers of both upper extremities. She says she's having episodic loss of grip strength in the hands and is dropping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Patient says she's been having symptoms for 12 years.; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; She is referred to us by Dr. Martha Garrett Shaver.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	2 YEAR FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/30/2012; There has not been any treatment or conservative therapy.; 2 YEAR FOLLOW UP. HAS OCCASIONAL HEADACHES	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Abnormal mri scan showed a mass within the L5/S1; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP; This study is being ordered for Congenital Anomaly.; 06/09/2010; There has been treatment or conservative therapy.; JUST ANNUAL FOLLOW UP; BONY DECOMPRESSION WITH PARTIAL THICKNESS DURAPLASTY IN 2010, HAD RECURRENCE OF A SYRINX, THEN HAD A REPEAT CHIARI DECOMPRESSION 6/24/15 WITH INTRADURAL EXPLORATION AND SHRINKAGE OF HIS CEREBELLAR TONSILS WITH A DURAPLASTY	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Associated symptoms include headache and numbness. Issue is not related to a known injury. ; Pain scores include a minimum pain level of 6/10, a maximum pain level of 10/10 and Plus. Current medication for condition included: Tramadol/303 natural muscle r; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Associated symptoms include numbness, but no dizziness, no headache, no bladder issues and no bowel issues. Issue is not related to a known injury. ; Pain scores include a current pain level of 4/10, a minimum pain level of 4/10 and a maximum pain level o; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>CONCERNED HAS CERVICAL MYELOPATHY ISSUES. &#x0D; PT WENT TO ER UNABLE TO AMBULATE. TROUBLE WITH NECK AND BACK PAIN.&#x0D; GAIT HAS CHANGED SO MUCH SO QUICKLY IN A MATTER OF A FEW DAYS, DR THINKS THERE IS CHANGES FROM THE LAST MRI OF THE L SPINE AS WELL.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; HE HAD HAD PAIN SINCE 2010 OR 2009. WAS ABLE TO BE CONTROLLED BY MEDICATION. IN 2016 HAS GOT WORSE, GAIT UNSTABLE UNABLE TO AMBULATE, SEVERE PAIN IN BACK AND LEGS. IN NECK GOING DOWN ARM, NUMBNESS. CONCERNED OF CERVICAL RADICULOPHY AND MYELOPHY.ISSUES WITH; There has been treatment or conservative therapy.; SEVERE PAIN BACK AND NECK,&#x0D; TROUBLE WALKING, GAIT UNSTABLE. HAS TO PICK UP HIS RIGHT LEG TO WALK, PSEUDOClaudication. &#x0D; NUMBNESS IN ARMS RIGHT HANDS.; MEDICATIONS- &#x0D; TYLENOL 3, MOBIC, ROBAXIN, &#x0D; PHYSICAL THERAPY IN 2016,</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>CONTINUED FOLLOW UP; This study is being ordered for Congenital Anomaly.; 11/22/2011; There has been treatment or conservative therapy.; NEUROGENIC BOWEL AND BLADDER, BILATERAL CLUB FEET, PASTICITY IN HER LOWER EXTREMITIES; T7-10 LAMINECTOMIES, WITH RESECTION OF DERMAL SINUS TRACT, UNTETHERING OF SPINAL CORD AND REPAIR OF MENINGOCELE AT T8-T10 LEVELS</p>	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/18/2011; There has not been any treatment or conservative therapy.; CHIARI MALFORMATION AND SYRINX, ASYMPTOMATIC	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	decreased range of motion due to pain and spasms. Decreased motor strength in the lower extremities. CT done in 06/2016 shows lumbar degenerative disc disease. Pt has kyphotic fixation in the cervico and thoracic junction.; This study is being ordered for a neurological disorder.; 06/24/2016; There has been treatment or conservative therapy.; Bilateral hip and leg pain, axial neck pain, recent vision change, pain and swollen joints and depression; medication	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	degenerative disc disease with chronic low back pain as well as left lower extremity radiculitis. She was taking meloxicam 15 mg and then had physical therapy.; Symptoms are worsening.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Evaluation for any dynamic motion or lesional cause to this high degree of signal 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 then once for these symptoms.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION OF CHIARI MALFORMATION; This study is being ordered for Congenital Anomaly.; 2008; There has been treatment or conservative therapy.; HEADACHES, NECK HURTS, COMPLAINS OF PIN AND NEEDLES OF THE HANDS ON BOTH SIDES, ISSUES SWALLOWING; CHIARI I DECOMPRESSION 2011, RESECTION OF HEMANGIOENDOTHELIOMA 2011,	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Initial imaging after MVA. He states that his symptoms began to reoccur after a motor vehicle accident on September 19, 2016. He is currently taking ibuprofen 800 which provided mild relief. He denies any further treatment at this time. Scott Schlesinger.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	leg weakness bilateral; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; birth; There has been treatment or conservative therapy.; left caft is given away; surgeries / vector device in side patient / tethered cord release	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	maybe developing lumbar spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Medications, injections, and physical therapy that patient was unable to complete due to 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.; 07/01/2016; There has been treatment or conservative therapy.; Medications, injections, and physical therapy that patient was unable to complete due to pain; Medications, injections, and physical therapy that patient was unable to complete due to pain	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	n/a; This study is being ordered for a neurological disorder.; 5/19/2015; There has been treatment or conservative therapy.; Neck and arm pain, back and leg pain, numbness into thumbs, hip pain, leg weakness, and flexion, extension and rotation is uncomfortable in the neck and back.; anti inflammatory, PT, home exercise, and steroids.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness, tingling, lower back/hip/testacle down to knees, painful to move and tender; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2016; There has been treatment or conservative therapy.; Pain, gait is not correct, Pt is post surgery concern for hip pain.; steroid injections, medication, back brace belt, muscle relaxers, rehabilitation	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has known brain cancer, believes it has spread to spine.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has one month of low back pain radiating to his left leg. He has numbness and tingling of his lateral leg. He has mild weakness in his foot which may be pain limited. He has tried PO medications and chiropractic care without relief. He is having a; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; This 48 year old male presents with low back pain that radiates into his left lateral leg to his shin. He reports the pain is equal in the back and leg. He complains of numbness, tingling, and weakness in his left leg. He reports the pain began approximat; 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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has T12 compression fracture as well as tenderness along right SI joint.; This study is being ordered for trauma or injury.; two months ago; There has been treatment or conservative therapy.; Severe back pain, buttock pain, back symptoms, depressed mood and sleeping problems; NSAIDS, opioid analgesics and muscle relaxers</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>PATIENT IS 2 WEEKS POST OP FROM A LUMBAR FUSION AND HAS FALLEN AND IS HAVING INCREASING LOW BACK AND LEG PAIN.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>PATIENT IS HAVING INCREASING LEG WEAKNESS. REQUESTED MRI FOR REVIEW FOR INJECTIONS OR SURGERY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PATIENT HAVING INCREASING LOW BACK PAIN WITH BILATERAL LEG PAIN AND WEAKNESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Pre-surgical evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/14/2015; There has been treatment or conservative therapy.; Pain in lower thoracic spine. Numbness and tingling down both legs. Worse when walking or standing.; Epidural steroid injections, Voltaren gel, opioid anagesics.</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Pt status post lumbar fusion having right leg weakness and continued back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right leg weakness post lumbar fusion; The patient does not have new signs or symptoms of 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

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RULE OUT POSSIBLE TETHERED CORD SYRINX OR SHUNT MALFUNCTION; This study is being ordered for Congenital Anomaly.; 01/07/2015; There has been treatment or conservative therapy.; SPINA BIFIDA, MOTOR DELAY, SHUNTED HYDROCEPHALUS, WORSENING OF EQUINOVARUS DEFORMITY AND HEEL CORD TIGHTNESS, LEAKING BETWEEN CATHETERIZATIONS.; MMC CLOSURE AND VP SHUNT PLACEMENT	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	RULE OUT SYRINX OR TETHERED CORD; This study is being ordered for a neurological disorder.; 9/28/16; There has not been any treatment or conservative therapy.; HEADACHES, DIZZINESS, PASSIN OUT SPELLS, MRI DONE 9/28/16 SHOWED CHIARI I MALFORMATION	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	s/p L3 laminectomy with resection of ependymoma (Grade 2.) 6 month follow up of MRI. Last visit, still complained of decreased stamina and back tightness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	6
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	6
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	6
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.	7
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	5
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	2

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	172
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	5
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	21
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	73
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 08/2016; There has been treatment or conservative therapy.; gait disturbance, trimmers in both hands;; PT, medication	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/1/2016; There has been treatment or conservative therapy.; back pain, right hip pain, right leg pain, neck pain, and right arm numbness; Patient has had multiple injections with little relief and physical therapy.	1

Neurological Surgery	Approval	72196 MRI PELVIS	Coccyx pain that is dull and constant.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/25/2016; There has been treatment or conservative therapy.; Neck pain. Left arm pain.; PT, exercise. Medications.	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Ms Boehler is a 58 year old that presents with neck and left arm pain to the fingertips. It is a constant aching pain that at times is a sharp pain causing her to pass out from the pain. She has numbness to the last 2 fingers of her left hand. She stays i	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6

Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; Shoulder pain	1
Neurological Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; no improvement. shoulder pain increased; advil; The patient received medication other than joint injections(s) or oral analgesics.	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	avascular necrosis; This study is being ordered for a neurological disorder.; 10/01/2014; There has been treatment or conservative therapy.; severe leg and hip pain, low back pain; difficulty walking;; meds; pt	2
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	numbness, tingling, lower back/hip/testacle down to knees, painful to move and tender; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/21/2016; There has been treatment or conservative therapy.; Pain, gait is not correct, Pt is post surgery concern for hip pain.; steroid injections, medication, back brace belt, muscle relaxers, rehabilitation	1

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Neurological Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	1
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1

Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	1
Neurological Surgery	Approval	76390 Mr spectroscopy		follow up to a brain tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.	1
Neurological Surgery	Approval	76390 Mr spectroscopy		This is a request for MRS.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	fax; 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
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient 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.	1

Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurological Surgery	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt reports one-year hx of left-sided facial pain.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Neurological Surgery	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 3-25-16; There has been treatment or conservative therapy.; neck pain radiating down his right arm to his digits, numbness and tingling in his right elbow, thumb and index finger. electric shock like feeling runs up his arm into his neck; patient wearing neck brace, prescription hydrocodone, aspirin and Norco.	1
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1

Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >;	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	7
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	2
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/9/2016; There has been treatment or conservative therapy.; severe neck and backpack, with weakness, pain radiating to upper extremity; Epidural steroid injections, medications for pain, anti inflammatory, nerve conduction study	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is 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

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	ESI HAVE NOT WORKED,AND MEDS NOT WORKING, CONSERVATIVE TREATMENT NOT WORKING.  SEVERE NECK PAIN RADIATING TO ARMS, NUMBNESS IN FINGER. PER MRI C 4/5 LEVEL WAS MODERATE DDD. DISC BULGING PRODUCING NEUROFORAMINAL STENOSIS. Definite radiculopathy component ; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Needs to have test done due to symptom's; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/08/2016; There has been treatment or conservative therapy.; neck and right shoulder pain; physical therapy	1

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient is status post a C3/4 ACDF and C2-6 posterior cervical decompression and fusion. we are wanting to get a CT scan to evaluate hardware and make sure no further disease has occurred.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	post surgical L5/S1 MIS-TLIF on 12/02/15 and C6/7 ACDF on 09/02/15; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; post surgical L5/S1 MIS-TLIF on 12/02/15 and C6/7 ACDF on 09/02/15; There has been treatment or conservative therapy.; pain; physical therapy and NSAIDS	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	status post 2-level cervical disectomy and fusion to verify fusion.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1

Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	I would like to go ahead and obtain an MRI of her cervical and thoracic spine to rule out any ligamentous injury. She has a known T3 fracture, C6-C7 facet lateral mass fracture nondisplaced and a nondisplaced right occipital condyle fracture. I believe th; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.	2
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; insidious onset; There has not been any treatment or conservative therapy.; Pt has l flank pain that radiates laterally and interior. Been treated w/ several medications w/ no relief	1

Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/9/2016; There has been treatment or conservative therapy.; severe neck and backpack, with weakness, pain radiating to upper extremity; Epidural steroid injections, medications for pain, anti inflammatory, nerve conduction study	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/04/2016; There has been treatment or conservative therapy.; headaches; Surgery, Occupapational therapy	1

Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	post surgical L5/S1 MIS-TLIF on 12/02/15 and C6/7 ACDF on 09/02/15; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; post surgical L5/S1 MIS-TLIF on 12/02/15 and C6/7 ACDF on 09/02/15; There has been treatment or conservative therapy.; pain; physical therapy and NSAIDS	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Suspected progressive degeneration of disc.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Lower back pain that is worse with motion and activities, and trace amount of numbness; Pain management- L4/5 facet injection and physical therapy.	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	4
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	1

Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; insidious onset; There has not been any treatment or conservative therapy.; Pt has l flank pain that radiates laterally and interior. Been treated w/ several medications w/ no relief	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; radiculopathy pain in lumbar thoracic pain / mechanical low back pain / aching / pain / deep pain; PT/ pain meds	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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 >;	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/15/2015; There has been treatment or conservative therapy.; Patient is experiencing mid to low back pain, weakness.; Patient was given injections, PT, anti-inflammatory, steroids.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	DEBILITATING MIGRAINES WITH NAUSEA AND VISION DISTURBANCE. SWEATING AND COLD FLASHES, CHILLS AND FEVER RADIATES TO NECK. EXACERBATED WITH BRIGHT LIGHT AND LOUD NOISES. NO RELIEF FROM EXTRA STRENGHT TYLENOL AND HYDROCODONE.; 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

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	decreased range of motion due to pain and spasms. Decreased motor strength in the lower extremities. CT done in 06/2016 shows lumbar degenerative disc disease. Pt has kythotic fixation in the cervico and thoratic junction.; This study is being ordered for a neurological disorder.; 06/24/2016; There has been treatment or conservative therapy.; Bilat hip and leg pain, axial neck pain, recent vision change, pain and swollen joints and depression; medication	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; 11/15/2016; There has been treatment or conservative therapy.; Numbness and tingling in her extremities, chronic pain, and headaches.; Over the counter pain meds. 12/11/2015 Dr. prescribed hydrocodone.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Needs to have test done due to symptom's; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/08/2016; There has been treatment or conservative therapy.; neck and right shoulder pain; physical therapy	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Noted bulging disc at T3-T4 noted on previous cervical MRI scan. Needs further evaluation due to pain and paresthesia.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ell healed scars x 2 present anteriorly. Tenderness: level C6-C7 cervical spine, level C7 left paraspinal and left trapezius muscle, but not the right paraspinal and not the right trapezius muscle. Flexion was restricted and was painful; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient feels that he cervical epidural steroid injection did not provider any relief and pain has shifted from right arm to her left.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had previous signs of myelopathy on exam, MRI is more than 1 year old, would like to schedule surgery. Need updated MRI to address the need for surgical intervention.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; inaccurate coordination movements, +Romberg, diminished proprioception, hyper-reflexia.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has failed conservative treatment and is ready to set up surgery, but has not had any recent imaging on his neck or back.; This study is being ordered for a neurological disorder.; 04/2015; There has been treatment or conservative therapy.; Neck and back pain.tired feeling in legs and radiating neck pain into left shoulder/arm; Physical therapy as well as home cervical traction kit	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	See the attached clinical. jm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Comprehensive Neurological Exam  ROM: Pain with cervical flexion and extension of cervical spine. ROM limited by 20%  Palpation: There is mild tenderness to cervical region   Inspection: No significant kyphotic deformity noted.  Mechanical Test; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The patient is a 25 year old man with increasing frequency and intensity of headaches. He has also noted increase in gait ataxia. He has a history of a large intracerebral hemorrhage as a neonate due to thrombocytopenia and a resultant large right porenceph; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; First visit with surgeon. Needing MRI to look at patients cervical spine to see what is causing her pain and radiculopathy in her BUE.	1
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Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; The patient had a right sided Cervical Rhizotomy on 03/01/2016. She states that she got relief for roughly 7 months. She is now reporting that the pain has returned in her neck. The patient reported that her current pain level is a 10/10. The patient is r	1
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Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; This 48-year-old female has multiple complaints, but the main one bothering her now is the neck pain radiating down the right arm. This started on 09/23/2016. She relates a history of prior neck surgery in April 2016 in Hot Springs at C5-C6 and C6-C7. She	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; radiculopathy pain in lumber thoracic pain / mechanical low back pain / aching / pain / deep pain; PT/ pain meds	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/22/2016; There has been treatment or conservative therapy.; back pain upper and lower, leg parastesia, weakness and numbness in lower extremities.; tiso brace since injury, PT, oxycodone	1

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.;	2
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6 years ago; There has been treatment or conservative therapy.; radiculopathy pain in lumbar thoracic pain / mechanical low back pain / aching / pain / deep pain; PT/ pain meds	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/15/2015; There has been treatment or conservative therapy.; Patient is experiencing mid to low back pain, weakness.; Patient was given injections, PT, anti-inflammatory, steroids.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/22/2016; There has been treatment or conservative therapy.; back pain upper and lower, leg parasthesia, weakness and numbness in lower extremities.; tiso brace since injury, PT, oxycodone	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	3
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	3
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 05/04/2016; There has been treatment or conservative therapy.; headaches; Surgery, Occupational therapy	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ct scan shows multilevel degenerative disc disease. Patient complains of low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluation for possible lesion; This study is being ordered for trauma or injury.; September 2016; There has been treatment or conservative therapy.; increasing spasticity and gait instability; Patient has been referred for outpatient rehab	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain to review for candidate for injections or possible surgery at this time. has had previous LESI; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	N/A; This study is being ordered for a neurological disorder.; 11/15/2016; There has been treatment or conservative therapy.; Numbness and tingling in her extremities, chronic pain, and headaches.; Over the counter pain meds. 12/11/2015 Dr. prescribed hydrocodone.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck head back pain radiates into both legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has failed conservative treatment and is ready to set up surgery, but has not had any recent imaging on his neck or back.; This study is being ordered for a neurological disorder.; 04/2015; There has been treatment or conservative therapy.; Neck and back pain.tired feeling in legs and radiating neck pain into left shoulder/arm; Physical therapy as well as home cervical traction kit	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient having spasms in her low back and in pain has had previous lumbar surgery in 2012; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has had spinal injections by Dr Savu and they haven't helped, physical therapy has not helped, pain medication has helped, anti-inflammatories have helped, muscle relaxants have helped.She continues to have severe low back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; When she leans her head back she passes out. Her symptoms started in 2012 and has progressively gotten worse	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected progressive degeneration of disc.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Lower back pain that is worse with motion and activities, and trace amount of numbness; Pain management- L4/5 facet injection and physical therapy.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	10
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	4
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TO EVALUATE FOR INJECTIONS OR SURGERY; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT LEG WEAKNESS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Uncertain about some of the nonphysiologic findings on his exam. I'm unable to localize anything for the left medial leg and lower leg pain. We'll need either a post spinal graphic CT scan or an MRI scan.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; reviewed MRI of C Spine shows solid fusion, symptoms seem more like shoulder symptoms radiating pain down arm into fingers, has passive/active pain.	1

Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	TO EVALUATE FOR partial cuff tear of a cuff tendinitis AND TO START PATIENT ON CONSERVATIVE TREATMENT.; This study is being ordered for a neurological disorder.; 10-3-16; There has been treatment or conservative therapy.; SHOULDER PAIN WITH ARM PAIN, POSSIBLE partial cuff tear of a cuff tendinitis; PHYSICAL THERAPY	2
Neurological Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee MRI at same time as Cervical MRI, if not approved with defer to Dr. Coker.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Neurological Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/25/2016; It is not known if there has been any treatment or conservative therapy.; Patient has trouble walking. She can't squatting and bending due to the pain	2
Neurological Surgery	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 18 2016; There has been treatment or conservative therapy.; lower back pain and hip pain/loss of strength in lower extremities; surgery/injections	1

Neurological Surgery	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Neurology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Neurology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	2

Neurology	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Approval	70450 CT BRAIN, HEAD	cerebral perfusioin.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Neurology	Approval	70450 CT BRAIN, HEAD	Enter answer here - or Type In UnknoPatient is having intermittent right sided weakness that is new in the last month. Patient states that after standing for awhile her right foot will start wiggling incontrollable. Problems with brushing her teeth. The ; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
Neurology	Approval	70450 CT BRAIN, HEAD	Patient has memory problems, also has vertigo, she also has right temple pain tender to touch and numbness and tingling at times to right side of face, also tinnitus and can hear and feel her heartbeat in her ear. Gait instability, patient had a cta of ne; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Severe Claustrophobia is the reason an MRI is not being considered	1
Neurology	Approval	70450 CT BRAIN, HEAD	Radiology requires ct/mri before lumbar puncture can be done; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; 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
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	3
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	9
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	2
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1

Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication; Stent in brain 2012- Not helpful	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/14/15; There has been treatment or conservative therapy.; seizures dizziness double vision; medications	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; mbr has dizziness and blurry vision loss od balance and numbness in hands this happens two or three times a week	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10-2015; There has been treatment or conservative therapy.; l facial droop, upper extremity parathesis, headache, numbness in l upper extremity, attention deficit,; medications and mri	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	3

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; dizziness, headache;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; numbess;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; 11/08/2013; There has been treatment or conservative therapy.; migraine; medications	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; 11/8/2014; There has been treatment or conservative therapy.; TIA, memory loss; medicatiions	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Abnormal MRI November 2016, patient is experiencing headache and memory loss.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has not been any treatment or conservative therapy.; Headache, Memory loss	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	CT report from 7/21/15 states that the patient should have a follow up CT in one year.; This study is being ordered for a neurological disorder.; July 21, 2015 is when the aneurysms were confirmed upon CT scan.; It is not known if there has been any treatment or conservative therapy.; patient has been having severe headaches with a squeezing pressurized sensation in her head. States that there is severe pressure behind her eyes, that makes have pre syncopal episodes	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	CTA Head and Neck to r/o vertebrobasilar insufficiency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; Neck pain, Migraines, Dizziness, Headaches, double vision, dizzy spells,; Gabapentin, Fioricet, OTC medications. Carbamazepine 200mg BID, and samples of cambia	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	follow up of known aneurysm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2016; There has not been any treatment or conservative therapy.; Known aneurysm (3mm) follow with scans every 6-12 months.	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Her neurological examination is significant for saccadic eye movements, mild nystagmus, left hearing loss but rest of the examination is normal. Given the history of sudden onset of symptoms I believe she had stroke at that time. Though MRI brain was nega; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2016; There has been treatment or conservative therapy.; nausea, slurred speech, intolerance to heat, visual changes, lightheadedness, PANIC ATTACKS, difficulty swallowing, numbness, muscle pain, hearing loss, dry skin, joint pain, cough, dry mouth, shortness of breath, vertigo, ringing in ears, dry eyes, muscl; had physical therapy, prednisone,	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	HISTORY OF SEIZURES, AVM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-17-2016; There has been treatment or conservative therapy.; DVT; anticoagulation	1

Neurology

Approval

70496 CT ANGIOGRAPHY HEAD
W/CONTRAST/NONCONTRAST

Infrequent severe focal strictly unilateral headaches with associated neurologic deficits (nausea, left monocular visual blurring, vertigo) - uncertain cause. Migraine is certainly a possibility and continued treatment with propranolol is a good idea. ; This study is being ordered for a neurological disorder.; 09/2016; There has been treatment or conservative therapy.; Other headache syndrome (G44.89). Infrequent severe focal strictly unilateral headaches with associated neurologic deficits (nausea, left monocular visual blurring, vertigo) - uncertain cause. Migraine is certainly a possibility and continued treatment; metformin 1,000 mg tablet take 1 tablet by oral route 2 times every day with morning and evening meals 10/16/2016  omeprazole 40 mg capsule, delayed release take 1 capsule by oral route 2 times every day before a meal 10/16/2016  atorvastatin 40 mg

1

Neurology

Approval

70496 CT ANGIOGRAPHY HEAD
W/CONTRAST/NONCONTRAST

MRI Images personally reviewed. Several of these white matter lesions are suspicious for a demyelinating process such as multiple sclerosis and several of her symptoms over the year could be from MS. Given her new onset tinnitus and family history of brai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1.5 months ago; It is not known if there has been any treatment or conservative therapy.; Tinnitus, occasional dizziness, brain fog , Paresthesias involving her face and all 4 extremities

1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Patient has trigeminal neuralgia and MRI has shown a 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.; Symptoms began in July 2016; There has been treatment or conservative therapy.; numbness left side of face;	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Patient is very specific about the worst pain being behind his right eye. He does have some mild proptosis. His headaches start behind both eyes.; This study is being ordered for a neurological disorder.; October 2016; There has been treatment or conservative therapy.; Headaches and eye problems; Medication: Gabapentin, Prednisone	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Patient with worsening headaches/migraines. Strong family hx of brain aneurysms, patient's sister recently diagnosed with brain and carotid aneurysms that required neuro-intervention treatment. Noted to have right hemiparesis and hyperreflexia on exam - a; This study is being ordered for a neurological disorder.; worsening headaches and right-sided weakness x 1 month; There has been treatment or conservative therapy.; Patient with worsening headaches/migraines. Strong family hx of brain aneurysms. Noted to have right hemiparesis and hyperreflexia on exam - a new symptom. Need ASAP workup to r/o stroke, aneurysms, tumor, demyelination, and/or carotid artery dissection; Trials of medications for the headaches/migraines have been ineffective	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Photophobia, sensitivity to sound, metallic taste in his mouth with headaches.; This study is being ordered for a neurological disorder.; October 2016; There has been treatment or conservative therapy.; Headaches, stiff neck, numbness, extreme weakness, slurred speech, dizziness, vertigo, passing out, dragging his left leg when he has a headache; Codeine, Fioricet, Benadryl, Gabapentin and a recent MRI w/wo 10/21/16	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	R/O vertebral-basilar insufficiency; This study is being ordered for a neurological disorder.; 10/11/2016; There has been treatment or conservative therapy.; Abnormal MRI, chronic headaches, syncope, parathesia, and dizziness, hyperflexia, history of concussions and history of MS; Medications	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	RULE OUT ANEURYSM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MILD FRONTAL HEADACHE RIGHT PTOSIS AND DIALATED PUPIL FOR 6 WEEKS; It is not known if there has been any treatment or conservative therapy.; MILD HA RIGHT EYE PTOSIS RULE OUT ANEURYSM	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	This patient has had what appears to be two left sided TIAs. The patient is a 47 year old woman who comes in with dizzy spells. She has developed ringing in her right ear. She was diagnosed with tinnitus and found to have 92 hearing loss on the right. She; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Right ear Tinnitus. Dizzy spells , hearing loss on the right side, Bilateral facial numbness from the nose down. Weak in right arm confusion and difficulty with memory.; Aspirin one P.O q.d.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	to evaluated the status of her previously coiled aneurysm and to look for evidence of basilar artery insufficiency that may be contributing to hindbrain headaches.; This study is being ordered for a neurological disorder.; History of 10+ years.; There has been treatment or conservative therapy.; Headaches, Cervicalgia, Episodic Dizziness, Chronic pain, significant tenderness in the paracervial spinous musculature with tenderness over both occipital nerves.; Methadone HCL, take 1 ml by mouth every 8 hours, she has had recent mRI	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	18

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medication; Stent in brain 2012- Not helpful	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/14/15; There has been treatment or conservative therapy.; seizures dizziness double vision; medications	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years ago; There has not been any treatment or conservative therapy.; mbr has dizziness and blurry vision loss od balance and numbness in hands this happens two or three times a week	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10-2015; There has been treatment or conservative therapy.; l facial droop, upper extremity parathesis, headache, numbness in l upper extremity, attention deficit,; medications and mri	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	2
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; dizziness, headache;	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; numbess;	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; 11/08/2013; There has been treatment or conservative therapy.; migraine; medications	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for a neurological disorder.; 11/8/2014; There has been treatment or conservative therapy.; TIA, memory loss; medicatiions	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Abnormal MRI November 2016, patient is experiencing headache and memory loss.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has not been any treatment or conservative therapy.; Headache, Memory loss	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	CT report from 7/21/15 states that the patient should have a follow up CT in one year.; This study is being ordered for a neurological disorder.; July 21, 2015 is when the aneurysms were confirmed upon CT scan.; It is not known if there has been any treatment or conservative therapy.; patient has been having severe headaches with a squeezing pressurized sensation in her head. States that there is severe pressure behind her eyes, that makes have pre syncopal episodes	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	CTA Head and Neck to r/o vertebrobasilar insufficiency; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2016; There has been treatment or conservative therapy.; Neck pain, Migraines, Dizziness, Headaches, double vision, dizzy spells,; Gabapentin, Fioricet, OTC medications. Carbamazepine 200mg BID, and samples of cambia	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	follow up of known aneurysm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/22/2016; There has not been any treatment or conservative therapy.; Known aneurysm (3mm) follow with scans every 6-12 months.	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Her neurological examination is significant for saccadic eye movements, mild nystagmus, left hearing loss but rest of the examination is normal. Given the history of sudden onset of symptoms I believe she had stroke at that time. Though MRI brain was nega; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2016; There has been treatment or conservative therapy.; nausea, slurred speech, intolerance to heat, visual changes, lightheadedness, PANIC ATTACKS, difficulty swallowing, numbness, muscle pain, hearing loss, dry skin, joint pain, cough, dry mouth, shortness of breath, vertigo, ringing in ears, dry eyes, muscl; had physical therapy, prednisone,	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	HISTORY OF SEIZURES, AVM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-17-2016; There has been treatment or conservative therapy.; DVT; anticoagulation	1

Neurology

Approval

70498 CT ANGIOGRAPHY NECK
W/CONTRAST/NONCONTRAST

Infrequent severe focal strictly unilateral headaches with associated neurologic deficits (nausea, left monocular visual blurring, vertigo) - uncertain cause. Migraine is certainly a possibility and continued treatment with propranolol is a good idea. ; This study is being ordered for a neurological disorder.; 09/2016; There has been treatment or conservative therapy.; Other headache syndrome (G44.89). Infrequent severe focal strictly unilateral headaches with associated neurologic deficits (nausea, left monocular visual blurring, vertigo) - uncertain cause. Migraine is certainly a possibility and continued treatment; metformin 1,000 mg tablet take 1 tablet by oral route 2 times every day with morning and evening meals 10/16/2016  omeprazole 40 mg capsule, delayed release take 1 capsule by oral route 2 times every day before a meal 10/16/2016  atorvastatin 40 mg

1

Neurology

Approval

70498 CT ANGIOGRAPHY NECK
W/CONTRAST/NONCONTRAST

MRI Images personally reviewed. Several of these white matter lesions are suspicious for a demyelinating process such as multiple sclerosis and several of her symptoms over the year could be from MS. Given her new onset tinnitus and family history of brai; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1.5 months ago; It is not known if there has been any treatment or conservative therapy.; Tinnitus, occasional dizziness, brain fog , Paresthesias involving her face and all 4 extremities

1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Patient has trigeminal neuralgia and MRI has shown a 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.; Symptoms began in July 2016; There has been treatment or conservative therapy.; numbness left side of face;	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Patient with worsening headaches/migraines. Strong family hx of brain aneurysms, patient's sister recently diagnosed with brain and carotid aneurysms that required neuro-intervention treatment. Noted to have right hemiparesis and hyperreflexia on exam - a; This study is being ordered for a neurological disorder.; worsening headaches and right-sided weakness x 1 month; There has been treatment or conservative therapy.; Patient with worsening headaches/migraines. Strong family hx of brain aneurysms. Noted to have right hemiparesis and hyperreflexia on exam - a new symptom. Need ASAP workup to r/o stroke, aneurysms, tumor, demyelination, and/or carotid artery dissection; Trials of medications for the headaches/migraines have been ineffective	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	R/O vertebral-basilar insufficiency; This study is being ordered for a neurological disorder.; 10/11/2016; There has been treatment or conservative therapy.; Abnormal MRI, chronic headaches, syncope, parathesia, and dizziness, hyperflexia, history of concussions and history of MS; Medications	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	RULE OUT ANEURYSM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MILD FRONTAL HEADACHE RIGHT PTOSIS AND DIALATED PUPIL FOR 6 WEEKS; It is not known if there has been any treatment or conservative therapy.; MILD HA RIGHT EYE PTOSIS RULE OUT ANEURYSM	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	This patient has had what appears to be two left sided TIAs. The patient is a 47 year old woman who comes in with dizzy spells. She has developed ringing in her right ear. She was diagnosed with tinnitus and found to have 92 hearing loss on the right. She; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Right ear Tinnitus. Dizzy spells , hearing loss on the right side, Bilateral facial numbness from the nose down. Weak in right arm confusion and difficulty with memory.; Aspirin one P.O q.d.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	to evaluated the status of her previously coiled aneurysm and to look for evidence of basilar artery insufficiency that may be contributing to hindbrain headaches.; This study is being ordered for a neurological disorder.; History of 10+ years.; There has been treatment or conservative therapy.; Headaches, Cervicalgia, Episodic Dizziness, Chronic pain, significant tenderness in the paracervial spinous musculature with tenderness over both occipital nerves.; Methadone HCL, take 1 ml by mouth every 8 hours, she has had recent MRI	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	8
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	evaluation of headaches w history of migraine, much worse pain and different from typical migraine. noted visual aura at the onset 3 weeks ago, right eye puffy, very droopy eyelid, difficult to see which has continued over the past 3 weeks with periods of; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Idiopathic intracranial hypertension; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Neurology	Approval	70544 Mr angiography head w/o dye	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>; This study is being ordered for a neurological disorder.; Enter date of initial onset here 12/08/2016- or Type In Unknown If No Infoiven; There has not been any treatment or conservative therapy.; Describe primary symptoms here -2x cardio embolic stroke, left side weakness,numbness and tingling involving left side of face,left arm,and left leg, slurred speak or Type In Unknown If No Info Given</p>	1

Neurology	Approval	70544 Mr angiography head w/o dye	<p>24-year-old gentleman with a episode concerning for transient ischemic attack. He does have a few risk factors with hypertension, dyslipidemia and family history. He is on aspirin now. I'm going to check a hypercoagulable state lab workup as well as an; This study is 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 2016; There has been treatment or conservative therapy.; He wanted to just the left hand vent in his car. He found that he was unable to lift his left arm. He tried to adjust himself in his seat and realized that his left leg would not move either. He pulled to the side of the road and sat there until the ep; patient has followed and been treated by cardiology with medication and testing. He's had a TEE and heart monitor.</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>Drop attacks that could be caused by atonic seizures, vertebrobasilar disease , or may have a psychological etiology.; This study is being ordered for a neurological disorder.; 09/30/16; There has been treatment or conservative therapy.; Multiple falls, Syncope, unsteady gait. She does not remember falling.; Keppra 500mg. p.o. b.i.d.</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>Follow up for blood clot treatment; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Headaches; Treatment for blood clot</p>	1

Neurology	Approval	70544 Mr angiography head w/o dye	<p>HEADACHE DISORDER,HEADACHE PAIN BEHIND RIGHT EYE,VISUAL CHANGES,FACIAL SWELLING,UNSTEADINESS,CONFUSION,MEMORY LOSS,LOSS OF COORDINATION.R/O ANEURYSM,DURAL FL.; 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.</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>History of migraines and vascular headaches. Sister has Chiari malformation that required surgery.; This study is being ordered for a neurological disorder.; 05/16; There has been treatment or conservative therapy.; Numbness, burning, dizziness when walking, recent weight loss.; Treated for possible TMJ</p>	1

Neurology	Approval	70544 Mr angiography head w/o dye	<p>Last seen 2 years ago.; Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches.; Since I last saw her several things have changed.; For the last few months she's had a progressively worsening tremor i; This study is being ordered for Vascular Disease.; 2 years ago; There has been treatment or conservative therapy.; Last seen 2 years ago.; Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches.; Since I last saw her several things have changed.; For the last few months she's had a progressively worsening tremor i; Last seen 2 years ago.; Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches.; Since I last saw her several things have changed.; For the last few months she's had a progressively worsening tremor i</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>none; 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.</p>	1
Neurology	Approval	70544 Mr angiography head w/o dye	<p>Patient has craniopharyngioma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Neurology	Approval	70544 Mr angiography head w/o dye	patient has worsening of seizures; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; seizure; EEGs, medication, previous MRIs	1
Neurology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	6
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	5
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	8
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	3

Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.; This is a request for a Brain MRA.	1
Neurology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Neurology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient 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.	1
Neurology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1

Neurology

Approval

70547 Mr angiography neck w/o dye

< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >

1

Neurology

Approval

70547 Mr angiography neck w/o dye

24-year-old gentleman with a episode concerning for transient ischemic attack. He does have a few risk factors with hypertension, dyslipidemia and family history. He is on aspirin now. I'm going to check a hypercoagulable state lab workup as well as an; This study is 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 2016; There has been treatment or conservative therapy.; He wanted to just the left hand vent in his car. He found that he was unable to lift his left arm. He tried to adjust himself in his seat and realized that his left leg would not move either. He pulled to the side of the road and sat there until the ep; patient has followed and been treated by cardiology with medication and testing. He's had a TEE and heart monitor.

1

Neurology	Approval	70547 Mr angiography neck w/o dye	Drop attacks that could be caused by atonic seizures, vertebrobasilar disease , or may have a psychological etiology.; This study is being ordered for a neurological disorder.; 09/30/16; There has been treatment or conservative therapy.; Multiple falls, Syncope, unsteady gait. She does not remember falling.; Keppra 500mg. p.o. b.i.d.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.	5
Neurology	Approval	70547 Mr angiography neck w/o dye	The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is an immediate family history of aneurysm.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient 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.	1

Neurology	Approval	70547 Mr angiography neck w/o dye	<p>This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		7
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>##x0D; Detail Type##x0D; Description##x0D; 1.##x0D; Assessment##x0D; Multiple sclerosis (G35).##x0D; ##x0D; Patient Plan##x0D; She will be referred to rheumatology to evaluate her arthralgias. Because of the slight changes on her prior MRI imaging she will require repeat MRI imaging of the b; This study is being ordered for Inflammatory/ Infectious Disease.; 04/06/2016; There has been treatment or conservative therapy.; The patient returns for her MS and back pain. The MRI of the lumbar spine reveals some mild spondylitic changes but without neural impingement. She also says that she is having quite a bit of arthralgia in her hands as well as her knees and ankles. We ; PHYSICAL THERAPY##x0D; TECFIDERA</p>	1

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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; neck pain back pain migraines; back surgery	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3 YEARS FOR HEADACH, BACK 2001; There has been treatment or conservative therapy.; HEAD, NECK AND SHOULDER PAIN; OTC, SURGERY AND ROD PLACE,EMT	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/21/2016; There has been treatment or conservative therapy.; Headaches and double vision.; 6 weeks of PT.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; 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 >;	2

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/16; There has been treatment or conservative therapy.; muscle spasms, pt has MS; injections, medications	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/16; There has been treatment or conservative therapy.; Headache, Fatigue, Stumbling and Falling; Medication - Solumedral	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over the past 6 months.; There has been treatment or conservative therapy.; constant migraine, pain that shoots down to the vertexes, radiates to her back. cannot exercise because it hurts her; muscle relaxant	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 10-2015; There has been treatment or conservative therapy.; l facial droop, upper extremity parathesis, headache, numbness in l upper extremity, attention deficit,; medications and mri	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	2

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; 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 trauma or injury.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Enter date of initial onset here -11/08/2016 or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms hereMIGRAINES, NECK PAIN MUSCLE SPASMES, MEMORY LOSS, NUMBNESS AND TINGLING, BURNING SENSATION, MUSCLE WEAKNESS - or Type In Unknown If No Info Given; Describe treatment / FIORICET FOR MIGRAINES, NAPROXEN AND NEURONTIN FOR THE RADICULOPATHYconservative therapy here - or Type In Unknown If No Info Given	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Enter date of initial onset here 12/08/2016- or Type In Unknown If No Infoiven; There has not been any treatment or conservative therapy.; Describe primary symptoms here -2x cardio embolic stroke, left side weakness,numbness and tingling involving left side of face,left arm,and left leg, slurred speak or Type In Unknown If No Info Given	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/16/2016; There has been treatment or conservative therapy.;; DICLOFENAC	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-1-15; There has been treatment or conservative therapy.; Headaches, throbbing multifocal pain associated with nausea. Numbness and tingling down both arms.; Tizandine	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. *ms  The patient presents with a history of multiple sclerosis which she says was made when she was 32 years old. She says at that time she had had an episode of left sided weakness and numbness and possibly some symptoms on the right side at anoth; This study is being ordered for a neurological disorder.; PATIENT AGE 32YEARS OLD DIAGNOSED RECENT ONSET:09/30/2016; There has not been any treatment or conservative therapy.; CLINICAL INSTABILITY,LEFT SIDED WEAKNESS AND NUMBNESS. HAS BEEN 2 YRS SINCE LAST MRI,NEEDS FOLLOW UP.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Numbness  Onset was 3 years ago. Additional information: Intermittent numbness on left side of body, including head/face. Felt weak but could do everything. First event was related to resp disease. Lasted for 3 wks. Then a year later bilat arm num; This study is being ordered for a neurological disorder.; 3 YEARS AGO; There has been treatment or conservative therapy.; 1. Numbness  Onset was 3 years ago. Additional information: Intermittent numbness on left side of body, including head/face. Felt weak but could do everything. First event was related to resp disease. Lasted for 3 wks. Then a year later bilat arm num; VITAMIN B12	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Assessment Headache disorder (R51).  Patient Plan We discussed differential diagnostic considerations. She likely does have a history of migraines, although her more recent headaches have changed in quality and are of increasing frequency. She 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1.She has difficult with memory. she said that she sometimes forget names of objects. She does not get lost. She thinks it is getting worse. 2. She has "wek spells" in the lower part of her body. She becomes nauseated and very weak.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2013 He had a brain MRI; it was read as normal but the sagittal T1 images seem to show quite a bit more atrophy than one would expect for someone 23 years of age. The atrophy seems most prominent in the parietal regions.; 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	24-year-old gentleman with a episode concerning for transient ischemic attack. He does have a few risk factors with hypertension, dyslipidemia and family history. He is on aspirin now. I'm going to check a hypercoagulable state lab workup as well as an; This study is 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 2016; There has been treatment or conservative therapy.; He wanted to just the left hand vent in his car. He found that he was unable to lift his left arm. He tried to adjust himself in his seat and realized that his left leg would not move either. He pulled to the side of the road and sat there until the ep; patient has followed and been treated by cardiology with medication and testing. He's had a TEE and heart monitor.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	25 Year old female whit a hx of seizures since 2008. States she had her first seizure in the front of a store on a hot day. Had no warning and woke up on the ground with paramedics over her. Had her 2nd seizure in 2013 after the birth of her son. She had ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is not a new patient.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	34-year-old lady presents with syncope. She reports that it has occurred 3 times. The first one occurred on 8/25/16. She was at work and helping a resident to the bathroom. She had no warning and woke up to find herself on the floor. People were arou; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

42 year old female who comes in today for facial pain. Symptoms began approximately 2 weeks ago. It started with a sharp severe, shocking pain in her right temple that would shoot down her right jaw intermittently. The pain comes on suddenly and only last; 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.

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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

51 year old male who comes in today for follow up. He is well known to me for MMN and is on monthly IVIG infusions. He is doing very well. His only complaint today is occasional facial twitching involving his right cheek and lip. This occurs intermittently; This request is for a Brain MRI; The study is NOT being requested 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.

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	54-year-old lady presents with left-sided facial numbness. His been present for about 1 month she reports. It started suddenly. She woke up and it was already present. Nearly the entire left face was numb. It has been resolving though the area anteri; 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	56-year-old lady with chronic headaches. Repeat MRI. Due to the widespread pain in the bowel loss in the past we'll check a MRI of the cervical spine. We'll look for any cord lesions are spinal stenosis.; This study is being ordered for a neurological disorder.; 6+ months; There has been treatment or conservative therapy.; previous MRI showed a small cavernoma in the brain stem that appeared to have a bleed. headaches are generally retro-orbital and become holocephalic. She can be triggered by odors, change in temperature barometric pressure lites hormonal changes or stress; previous MRI, medication treatment	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	A 35 year old female who comes in today with a long history of headaches and migraines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	alter mental status; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	blurred vision , hypertension, halation ,history of CDA; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	breathing difficulties. pulmonary function test was done and 45% of predicted. Suspect ALS or similar. One of the reason eh wants to get a brain mri.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	came in for chronic headaches and migraines along with syncope spells. She has been having headaches and migraines for several years. Over the past 4 months she has been having episodes where her vision will black out and she will have to lay down. Unsure; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Case is complex. Detail summarized in my earlier notes; She came off the malaria antibiotic as well as azithromycin. Subsequently developed a fever which has been attributed to sinus infection. Put on sinus antibiotics. Around this time the paresthesi; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Clinical Information; History / Dx: R26.89 Imbalance ; History / Dx: Last seen about a year ago. I am seeing her for a diagnosis of epilepsy. I first saw her for consultation in 2010 but her spells began in 2008. She was getting several per day. Ch; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1

Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Comes in for loss of taste and smell. Symptoms came on gradually starting 4-5 years ago. He says that he is unable to smell or taste hardly anything now. He has occasional headaches but nothing severe or frequent. NO tremors, hallucinations, sinus problems; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Dementia, Difficulty concentrating, remembering or making decisions, scored 10 out of 30 on MOCA, recent memory impaired, one-year history of progressive dementia; This request is for a Brain MRI; The study is NOT being requested 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.

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Donna RN spoke with Ms. Garner last week regarding current headache complaints. She stated that on 10/5/2016 she had a severe headache with blurred vision, nausea and vomiting. She went to Baptist ER in Malvern and the headache was relieved with Compazine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Drop attacks that could be caused by atonic seizures, vertebrobasilar disease , or may have a psychological etiology.; This study is being ordered for a neurological disorder.; 09/30/16; There has been treatment or conservative therapy.; Multiple falls, Syncope, unsteady gait. She does not remember falling.; Kepra 500mg. p.o. b.i.d.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	f/u of focal onset epilepsy, likely mesial temporal lobe.de ja vu sensations.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	falls asleep while driving, forgetful, bilateral foot pain, no balance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up for blood clot treatment; 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.; Headaches; Treatment for blood clot	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP FOR POSSIBLE SPASTIC PARAPLEGIA OF UNKNOWN ETIOLOGY THAT APPEARS TO BE PROGRESSING.; This study is being ordered for a neurological disorder.; 5/4/2016; There has been treatment or conservative therapy.; INCONSISTENT HEEL STRIKE, CONSISTENTLY ON TOES WITH INCREASED CADENCE, CROUCHING; PHYSICAL THERAPY	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>has frequent myoclonic jerks, usually upper body, left more than right. Assessment; Myoclonus; Provider Plan; myoclonus, will check labs, EEG and MR. Will see back after testing. Don't want to start meds until test done. Nothing to suggest Tourettes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>He is not driving. At this point he feels well enough and is anxious to return to work as an electronics assembler.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>He said he is fatigued easily and has noticed that he feels an internal tremor. By way of example, he said that he could stand up in his warehouse and walk 150 feet to the back of the warehouse and when he stops he feels exhausted and feels his body, part; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>He said that he has seizures and that after his last seizure he woke up with these 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>HEADACHE DISORDER,PERIORBITAL HEADACHE,PAIN IS STABBING,POSITIVE FACIAL SWELLING/REDNESS,UNSTEADINESS,CONFUSION,MEMORY LOSS,R/O MASS,ANEURYSM,FISTULA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches have finally started to improve. She looks much brighter today and feels ready to be able to return to work. Will start nortriptyline 10mg QHS titrating up to 30mg QHS over the next 3 weeks for migraine prophylaxis. Plan to repeat Brain Mri in D; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hemi facial spasm; This request is for a Brain MRI; The study is NOT being requested 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Her headache syndrome has changed in recent months. Her headaches have changed in quality and are more frequent. She will require MRI imaging to rule out structural abnormalities. She also meets criteria for chronic migraine as discussed above. We wil; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of migraines and vascular headaches. Sister has Chiari malformation that required surgery.; This study is being ordered for a neurological disorder.; 05/16; There has been treatment or conservative therapy.; Numbness, burning, dizziness when walking, recent weight loss.; Treated for possible TMJ	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of PRES. BP is doing fairly well. She has been having some complex migraines over the past couple of months but no more seizures. A recent EEG (on 7/5/16) was normal. Continue Lamictal 100mg BID and add Gabapentin 100mg TID which hopefully will he; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches, Seizures, and memory changes. She reports her headaches are increasing in frequency and severity. Vision changing, she has blurry vision even without a headache.; Gabapentin 100 mg TID ,  Lamictal 100mg BID ,  Ibuprofen or Excedrin	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	I will send her for an EEG to rule out seizures and a brain MRI w/wo to rule out stroke. tumor, demyelination. We will also set her up for a CTA head given her tinnitus, dizziness, syncope episodes, and the headaches always being on the left side to rule ; This study is being ordered for a neurological disorder.; history of migraines and headaches since the 1990s; There has been treatment or conservative therapy.; Left side headaches, syncope, mood swings, nausea, photophobia, phonophobia, dizziness, tinnitus and memory loss.; PRN BC powder and ibuprofen, Started Lamictal 25mg	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	increase in frequency and severity of headaches. vision loss. 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	increase in headache frequency and 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	It is possible that a thalamic infarct could give such a presentation. On neurological exam, she does not know the date and she gets two out of three objects at five minutes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	jerking movements with memory loss evaluate for huntingtons 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Kaitlyn Skinner is a 21 year old female who comes in today with several complaints all of which started in January of this year. In January she was doing a photo shoot and she suddenly passed out without warning. Since then she has had similar syncopal epi; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Known AVM, headaches; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	known left L5-S1 disc herniation with mild canal stenosis, eval for progression of disease and failure of conservative management therapy; also hx of multiple sclerosis reassess progression of disease; This study is being ordered for a neurological disorder.; November 2014; There has been treatment or conservative therapy.; lower extremity pain and pain in the mid lower back with prolonged standing and flexion at the waist; PT and pain management	1

Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Last seen 2 years ago. Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches. Since I last saw her several things have changed. For the last few months she's had a progressively worsening tremor i; This study is being ordered for Vascular Disease.; 2 years ago; There has been treatment or conservative therapy.; Last seen 2 years ago. Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches. Since I last saw her several things have changed. For the last few months she's had a progressively worsening tremor i; Last seen 2 years ago. Her brain MRI showed some white matter changes. She's had episodes of zoning out. Also with headaches. Since I last saw her several things have changed. For the last few months she's had a progressively worsening tremor i

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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Lebecca Passmore is a 50 year old female who comes in today for several complaints. She has been having brain, shocks several times per day for many years. She says she will just be walking along and will suddenly get a joly form her neck that goes up her; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; It is not known if there has been any treatment or conservative therapy.; joint pain, edema lower lextimity, numbness, muscle weakness, muscle pain, intolerance to cold,	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MEMORY LOSS ALSO; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Migraine w/o aura (G43.009). The patient describes the headache syndrome, with headaches increasing in frequency and some change in quality of the headaches. She will require MRI brain imaging to rule out underlying structural abnormality. Some of the ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	mild cognitive impairment, family history of glioma.; 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Moderate Memory loss and confusion, Concern for dementia, strong history of vascular disease (3 stents, smoking, Hypertension, elevated lipids); This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Mr. Burkett is a 57y/o man presenting for evaluation of "loss of senses". He began noticing he was losing his sense of smell about 8-10 years ago. Along this same time, he began to have a progressive loss of his sense of taste as well. He noticed this; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Multiple sclerosis (G35). She is taking Tecfidera, says she is complaint, last lymph count was in April, 1.0, we are checking new brain, c,T spine MRIs and lab today. She did not want Ampyra due to the literature saying it could bother her driving. She ; This study is being ordered for a neurological disorder.; 01/01/1995; There has been treatment or conservative therapy.; multiple sclerosis ; The symptoms are reported as being moderate. The symptoms occur constantly. The location is brain. Relieving factors include ms meds. She states the symptoms are chronic and are stable. still having house troubles, it is not finished; Medications (active prior to today); Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Elsewhere; ferrous sulfate 324 mg (65 mg iron) tablet,delayed release; 1 po tid between meals; 01/13/2015; ; 01/13/2015; N; Vitamin D3 2,000 unit tablet; 1 ta</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Multiple Sclosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; Stastic Gate; medication and physical therapy</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Muscle tension headache with intermittent jabbing jolt type headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New onset Headaches with Dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New onset intractable right hemicranial headache, memory loss, strong family history of brain tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New onset memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	On exam she has increased reflexes on the left and reduced sensation on the right. Given her age, symptoms, and exam Findings, I think a demyelinating process such as multiple sclerosis should be rule out. I will send her for a brain mri and spinal screen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple years ago; There has been treatment or conservative therapy.; ; Physical Therapy and a chiropractor. Elavil 10mg QHS. OTC mediations and PRN Imitrex	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Once she got pregnant, she began to have very frequent migraines again. They are very severe. She is sensitive to sound and smell. The pain begins in the back of her head and goes to the front of her head. It is a throbbing pain. She is nauseated. General; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had a optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclero; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</p>	1
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Neurology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient does have brisk reflexes on exam which goes against a peripheral neuropathy. Given her age and family history I think we need to rule out a central process such as Multiple Sclerosis.; This request is for a Brain MRI; The study is NOT being requested 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.

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Neurology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient has confusion, fatigue, glazed eyes following change in awareness/spells; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has craniopharyngioma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has long history of headaches, nausea, 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has Parkinson's disease; tremors since mid-20's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient has spells of change in awareness, with slurred speech and confusion. And memory disturbance with trouble remembering events during the spells. Patient also has a myoclonic twitch where arms and legs jerk at random.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient has worsening of seizures; This study is being ordered for a neurological disorder.; 1 year; There has been treatment or conservative therapy.; seizure; EEGs, medication, previous MRIs</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is a 20-year old man who has episodes of passing out. He said it started about a year ago and has been going on daily. He will be standing there according to his wife and then will suddenly fall to the ground. She doesn't think he loses consciousness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is very specific about the worst pain being behind his right eye. He does have some mild proptosis. His headaches start behind both eyes.; This study is being ordered for a neurological disorder.; October 2016; There has been treatment or conservative therapy.; Headaches and eye problems; Medication: Gabapentin, Prednisone</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient with worsening headaches/migraines. Strong family hx of brain aneurysms, patient's sister recently diagnosed with brain and carotid aneurysms that required neuro-intervention treatment. Noted to have right hemiparesis and hyperreflexia on exam - a; This study is being ordered for a neurological disorder.; worsening headaches and right-sided weakness x 1 month; There has been treatment or conservative therapy.; Patient with worsening headaches/migraines. Strong family hx of brain aneurysms. Noted to have right hemiparesis and hyperreflexia on exam - a new symptom. Need ASAP workup to r/o stroke, aneurysms, tumor, demyelination, and/or carotid artery dissection; Trials of medications for the headaches/migraines have been ineffective</p>	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient's complaints are predominately those of visual vestibular mismatching (motion intolerance) and his clinical exam suggest vestibular imbalance with lateralization to the right.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.</p>	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patients migraines are getting progressively worse. With vision disturbances and numbness, tingling, and throbbing pressure on right side of face and head.; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Vision changes, right side of head and face throbbing with pressure. Numbness and hot feeling on right side of face.; Patient has been given multiple triptan medicines that did not provide any relief and also cause side effects of feeling like her throat was swelling. Patient has also taken Topamax but has side effects so she had to stop.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	POSITIVE WITH FATIGUE,DIPLOPIA,GAIT DISTURBANCE,WEAKNESS.BALANCE AND GAIT-PARKINSONIAN GAIT,TURNS EN BLOC.COORDINATION-SLOWER MOVEMENTS RIGHT ARM.FINE MOTOR SKILLS-DECREASED RIGHT ARM.DTRS-SYMMETRIC 2+,BABINSKI(PLANTAR REFLEX)-TOES DOWN.NO APHASIA,FUND OF; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	possibly considered to be SUNCT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago-July 2016; There has been treatment or conservative therapy.; 22-year-old presents with headaches. He's had a history of migraine headaches in his life however he reports the current headaches are been different for about the past 3 months. He's having about 4 of these headaches an hour. The last about 60 seconds; treatment by ENT and medication treatment	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	present for f/u of Multiple Sclerosis Diagnosed May 2016. She is currently taking Aubagio 14mg. She is tolerating the medication with no problems. She had surgery on back in June 2016 and then had gallbladder surgery in July. She has been very busy with s; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Problem #1: Worsening headaches. Got much better on topiramate but eventually stopped it. Headaches come back and are severe and almost daily. The ER gave her instructions for titrating back up on topiramate and she is on 20 5 in the morning 50 at nigh; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O STROKE OR MYELITIS OR MYELOPATHY; This study is being ordered for a neurological disorder.; ONE MONTH AGO; There has not been any treatment or conservative therapy.; PARASTHESIAS RIGHT HAND AND FOOT	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Request for MRI Brain w/wo for MS and cervical spine MRI to rule out cord impingement or a demyelinating process such as multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Headaches , Double Vision, Neck pain, burning sensation down her spine and muscle cramps , mild paraesthesia in hands. , Memory Loss, Hyperreflexic, Myoclonus at night.; Naproxen, Imitrex , Lamictal, Zipsor, Tizanidine	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She has a family history of MS, as her mother was diagnosed at the age of 27.; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Recurring headaches that occur with dizziness that worsens upon lying down. She also notes numbness and tingling in all extremities that is intermittent and can occur at any time of the day.; Frequent rest periods, physical therapy, exercise therapy, and OTC headache medications.	1

Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

She has ad a severe cognitive decline. She can not work. She can not function. She is alert and oriented times two. She knows it is October of 2016, but not the day or date. She can not repeat, "The boy went to the store to buy some milk."; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

She has headaches every day and sometimes they will last all day. The y will go on for weeks. It begins with nausea and head pain which is bilateral. She says that the pain often starts in her neck and works its way up. She has neck pain in between the he; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>She has suffered from migraines for several years. They became much worse during her pregnancy 2 years ago and have stayed frequent and severe since then. She describes a dull, daily headache associated with throbbing and worsening with movement. She has ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>She was diagnosed with mild memory loss. She thinks that her memory has gotten worse. She can't remember sometimes where she parked her car. She doesn't remember where she left her keys.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	short term memory loss, ringing in ears; This study is being ordered for a neurological disorder.; 8yrs ago; There has been treatment or conservative therapy.; severe headache, pressure in head, choking on food, random pain; meds	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	syncope with dizziness, fainting, sweating.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tension headaches, memory difficulty, depression and dementia.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The headaches are left-sided. If they become more migrainous she describes photophobia and phonophobia and holocephalic pain. These are very severe and occur with nausea. The headaches stays in the left frontotemporal area and stays constant. She's tr; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The last EMG/NC study on 10/12/16 showed severe lesion of the left suprascapular nerve. He had prominent denervation in the left supraspinatus and infraspinatus muscles. He did have active motor recruitment of the supraspinatus.; This study is being ordered for a neurological disorder.; PT'S MOTHER HAS progressive muscular atrophy and patient has been showing signs in the same way for approximately 5-6 months now. Mother is in a wheelchair currently.; It is not known if there has been any treatment or conservative therapy.; weakness on left side, muscle loss on shoulder, reflexes were not the same in comparison to the other "more jumpy". The patient has left arm weakness and has atrophy in left scapula. MMT STRENGTH was 5/5 w/ right abduction and 3/5 with left arm abductio	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient has had multiple cranial nerve events with what appears to be trigeminal neuralgia in all three divisions on the right side of her face, shingles in her left forehead and Bell's palsy on the left.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
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Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

The patient is a 37 year old man who comes in complaining dizziness. He said he was framing a house when he became dizzy, The room will spin occasionally, but most of the time he is just lightheaded. This progressed over the next weeks and sometimes will ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

1

Neurology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

The patient is a 61-year-old woman who comes in complaining of memory loss. The patient and her husband tie this loss in her cognitive ability to her second back surgery in June of 2015. She apparently spent a week in the hospital. there was nothing re; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a follow up from July 14, 2016  She had tremors/head shaking during EEG and it was normal. For now will plan to repeat her brain MRI in December to ensure stability of white matter changes.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	this is a request for an MRI to monitor disease burden of multiple sclerosis; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; patient was found to have contrast enhancing lesions on MRIs in the past that is consistent with multiple sclerosis; patient has been monitored by numerous doctors and tried on multiple medications for multiple sclerosis.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	THIS PT IS NEW TO DR BONDA, History of Seizures, first spell was 2 years ago, second spell august 2016; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	33
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	149
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	33

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	7
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	51

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	12
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	6

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	16
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	73
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	13
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	59

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	23
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	24
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	4

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient 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.	4
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new diagnosis of Parkinson's.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for a new patient to this office.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is a new patient.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	16
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.; There has not been a previous Brain MRI completed.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	To rule out disc herniation affecting the arms, causing weakness and pain with numbness. To rule out TIA or CVA in view of her continued dizziness and fainting.; This study is being ordered for a neurological disorder.; July 2014; There has been treatment or conservative therapy.; She c/o blurred vision along with biltaral arm numbness and pain.; The patient has undergone physical therapy, medical management in the form of pain control with medications, and has been referred to several specialists as well.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	To rule out MS. Also started in November of this year he woke up and his whole right side was numb and he could hardly lift up his arm. Described also feeling a hot and burning sensation in his right elbow and then it went down his arm and his fingers sta; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	To rule out multiple sclerosis or another central nervous system process.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	tremors impacting the head with neck torsion progressively worsening; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	trying to rule ou MS; This study is being ordered for a neurological disorder.; 10/2016; There has not been any treatment or conservative therapy.; numbness, dizziness, neck stiffnes, light headed	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for a neurological disorder.; 10/03/2016; There has been treatment or conservative therapy.; BILAT UE AND LE SXs, previous MRI shows increase in gray matter weakness, 6 month re-evaluation; Meds	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; Patient isn't sure of exact time but states has been ongoing for 1 year at least; There has been treatment or conservative therapy.; complains of burning sensation in both legs, toes feel numb. also complains of neck pain; Meloxicam and Gabapentin have been given to patient without change in symptoms	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Very frequent maybe 3-4 times a day lasting a few seconds to as long as a minute in duration.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Very nice 22-year-old female referred for possible seizures. Currently 4 months pregnant. In 2011 she lost consciousness. Also loss control of her bladder. Was taken to the ER. Went to Children's Hospital for workup including heart monitoring and EEG ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We are following up on an MRI obtained in 2015 that showed possible MS.; This study is being ordered for a neurological disorder.; September 8th, 2015; There has been treatment or conservative therapy.; Generalized weakness that varies in level of degree based on her amount of physical activity, however always present. She also notes worsening of vision and intermittent facial drooping.; OTC and prescription medications, activity modification, and CPAP use due to OSA.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We are wanting to rule out multiple sclerosis; This study is being ordered for a neurological disorder.; September 2016; There has been treatment or conservative therapy.; Lack energy and does have generalized numbness in her hands, arms, legs and poor balance have persisted intermittently. He has also reported of left upper extremity jerking that he cannot control. His left lower extremity stasis wound all the time for ; Activity modification and OTC and prescription medications	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We discussed differential diagnostic considerations. He may have an element of peripheral vestibulopathy, possibly canalithiasis, which can cause vertigo in a number of positions, including looking up. The normal ENT evaluation does not necessarily rule; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	We will get an MRI of the brain without contrast now to look at the state of his brain after things have calmed down.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if there are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Neurology	Approval	70554 Functional MRI Brain	; Yes, this is a Functional MRI Brain.	1
Neurology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2

Neurology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Neurology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	continued numbness in arms. decrease in coordination. when lifting her arms, she has numbness from elbow down. when she drives, her arms fall asleep. symptoms go from shoulders down through the elbow.; 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 an evaluation for thoracic outlet syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Neurology	Approval	71550 MRI CHEST	Brachial plexus disorder; This study is being ordered for a neurological disorder.; 10/06/2016; There has not been any treatment or conservative therapy.; Weakness, numbness in shoulder,	1

Neurology	Approval	71550 MRI CHEST	Enter answer here - or Type In Unk The patient complains of pain to the right shoulder. She complains that when cold air hurts her she has extreme pain from the shoulder to the fingers. She states, "It feels like it is going straight thru my bone". The pa; 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
Neurology	Approval	71550 MRI CHEST	Paresthesia of skin  Left arm EMG normal today. I had thought this might be ulnar neuropathy, but I see no evidence of that at this time. Mild radiculopathy or plexopathy would still be possible, and with his description of the numbness seeming to star; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI.	1
Neurology	Approval	71550 MRI CHEST	unknown; 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.; It is not known if there is radiologic evidence of asbestosis.; This is a request for a chest MRI.	1

Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 to 3 months ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt has had nerve testing, had PT, & oral medications.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/14/2016; There has been treatment or conservative therapy.; neck pain, low back pain, tingling, numbness, BILAT weakness, right hand weakness, right deltoid weakness.; medication, PT x4weeks, at home exercise	1

Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
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Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
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Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 to 3 months ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt has had nerve testing, had PT, & oral medications.	1
Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/20116; There has not been any treatment or conservative therapy.; Slumblng, leg numbness that comes and goes. weakness and lower limbs, dizziness, and light headedness	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about 2 to 3 months ago; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt has had nerve testing, had PT, & oral medications.	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/14/2016; There has been treatment or conservative therapy.; neck pain, low back pain, tingling, numbness, BILAT weakness, right hand weakness, right deltoid weakness.; medication, PT x4weeks, at home exercise	1

Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/04/20116; There has not been any treatment or conservative therapy.; Slumblng, leg numbness that comes and goes. weakness and lower limbs, dizziness, and light headedness	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		6

Neurology

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

1. Detail Type: Description: Multiple sclerosis (G35).
Assessment: She will be referred to rheumatology to evaluate her arthralgias. Because of the slight changes on her prior MRI imaging she will require repeat MRI imaging of the b; This study is being ordered for Inflammatory/ Infectious Disease.; 04/06/2016; There has been treatment or conservative therapy.; The patient returns for her MS and back pain. The MRI of the lumbar spine reveals some mild spondylitic changes but without neural impingement. She also says that she is having quite a bit of arthralgia in her hands as well as her knees and ankles. We ; PHYSICAL THERAPY; TECFIDERA

1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>#&#x0D; Detail Type&#x0D; Description&#x0D; 1.&#x0D; Assessment&#x0D; Multiple sclerosis (G35).&#x0D; &#x0D; Provider Plan&#x0D; History of what could have been optic neuritis, but not a lot of other attacks. The description of the brain scan actually doesn't sound like there are very many wh; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DIAGNOSED IN 2010; There has been treatment or conservative therapy.; CHECK MRI C SPINE,AND MRI T SPINE ,COMP-ARE TO OLD SCANS TO ASSESS DISEASE ACTIVITY,ABSENT SURAL RIGHT AND SUPERFICIAL PERONEAL RESPONSES.NUMBNESS IN LIMBS/LEGS GOING NUMB AT NIGHT; Multiple sclerosis (G35).&#x0D; History of what could have been optic neuritis, but not a lot of other attacks. The description of the brain scan actually doesn't sound like there are very many white matter spots. Mostly just has fatigue. She is not in a hu</p>	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for 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>	2
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; headaches that last more than 6 hrs that are recurrent, muscle weakness, lower back pain, difficulty walking, motor skills difficulty, to r/ MS; medications	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; neck pain back pain migraines; back surgery	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; back and severe neck pain that is unchanged, numbness in extremities;; Physical Therapy, Medications	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/21/2016; There has been treatment or conservative therapy.; Headaches and double vision.; 6 weeks of PT.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2009; There has been treatment or conservative therapy.; dizzy spells , jerking spells, headaches; LT , MRI, medication,	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; numbness and tingling, back pain, neck pain.; medications, nerve block, emg	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/16; There has been treatment or conservative therapy.; muscle spasms, pt has MS; injections, medications	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/16; There has been treatment or conservative therapy.; Headache, Fatigue, Stumbling and Falling; Medication - Solumedral	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/16/2016; There has been treatment or conservative therapy.; ; DICLOFENAC	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12-1-15; There has been treatment or conservative therapy.; Headaches, throbbing multifocal pain associated with nausea. Numbness and tingling down both arms.; Tizandine	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1. *ms  The patient presents with a history of multiple sclerosis which she says was made when she was 32 years old. She says at that time she had had an episode of left sided weakness and numbness and possibly some symptoms on the right side at anoth; This study is being ordered for a neurological disorder.; PATIENT AGE 32YEARS OLD DIAGNOSED RECENT ONSET:09/30/2016; There has not been any treatment or conservative therapy.; CLINICAL INSTABILITY,LEFT SIDED WEAKNESS AND NUMBNESS. HAS BEEN 2 YRS SINCE LAST MRI,NEEDS FOLLOW UP.	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	1. Assessment Headache disorder (R51).  Patient Plan We discussed differential diagnostic considerations. She likely does have a history of migraines, although her more recent headaches have changed in quality and are of increasing frequency. She a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	31 Year old female who comes in today for whole body paresthesias. Symptoms started over a year ago and came on gradually. They occur almost constantly now and involve her face, arms and legs She also notes chronic neck and lower back pain. At time the pai; This study is being ordered for a neurological disorder.; a year ago; It is not known if there has been any treatment or conservative therapy.; Paresthesias, chronic neck and lower back pain,	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	56-year-old lady with chronic headaches. Repeat MRI. Due to the widespread pain in the bowel loss in the past we'll check a MRI of the cervical spine. We'll look for any cord lesions are spinal stenosis.; This study is being ordered for a neurological disorder.; 6+ months; There has been treatment or conservative therapy.; previous MRI showed a small cavernoma in the brain stem that appeared to have a bleed. headaches are generally retro-orbital and become holocephalic. She can be triggered by odors, change in temperature barometric pressure lites hormonal changes or stress; previous MRI, medication treatment	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Abnormal Brain MRI -White matter changes. Her brain MRI was suspicious for MS, however, her spinal fluid came back completely normal. Spinal fluid can be negative in 5% of patient with MS. Exam today is unremarkable. I will send her for Cervical and Thora; This study is being ordered for a neurological disorder.; 6-7 Months; It is not known if there has been any treatment or conservative therapy.; Migraine-type headaches. abnormal eye movements and dizziness. Blurry vision in both eyes.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Arnold Chiari Malformation, neck pain, rule out syrinx.; 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Brachial plexus disorder; This study is being ordered for a neurological disorder.; 10/06/2016; There has not been any treatment or conservative therapy.; Weakness, numbness in shoulder,	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Brain MRI at her last visit which showed findings suspicious for a demyelinating process such as multiple sclerosis. Unfortunately her insurance denied authorization for cervical and thoracic MRI. We called and set her up for a spinal tap and her MS panel; This study is 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.; Paresthesias.; Trial of Avonex	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	facial numbness, visison defects; This study is being ordered for a neurological disorder.; 10-11-16; There has been treatment or conservative therapy.; headaches, syncope, abnormal mri; medication	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOLLOW UP FOR POSSIBLE SPASTIC PARAPLEGIA OF UNKNOWN ETIOLOGY THAT APPEARS TO BE PROGRESSING.; This study is being ordered for a neurological disorder.; 5/4/2016; There has been treatment or conservative therapy.; INCONSISTENT HEEL STRIKE, CONSISTENTLY ON TOES WITH INCREASED CADENCE, CROUCHING; PHYSICAL THERAPY	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Given her age and complaints of neck pain and paresthesias still concerned patient may have a demyelinating process such as multiple sclerosis; 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".</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>He has numbness and tingling in his legs at times. his legs go out on him when he is walking.; This is a request for cervical 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.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He was diagnosed with viral meningitis during that time. Since his last visit he still complains of the numbness and burning pain of hands and feet. The numbness is mostly in his right arm and both hands. He is not able to do fine motor movements as we; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; To rule out Multiple Sclerosis/CIDP; It is not known if there has been any treatment or conservative therapy.; Of numbness and burning pain of hands and feet. The numbness is mostly in his right arm and both hands. He is not able to do fine motor movements as well as he used too.	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	History of PRES. BP is doing fairly well. She has been having some complex migraines over the past couple of months but no more seizures. A recent EEG (on 7/5/16) was normal. Continue Lamictal 100mg BID and add Gabapentin 100mg TID which hopefully will he; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches, Seizures, and memory changes. She reports her headaches are increasing in frequency and severity. Vision changing, she has blurry vision even without a headache.; Gabapentin 100 mg TID ,  Lamictal 100mg BID ,  Ibuprofen or Excedrin	1
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Neurology

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

IMPRESSION: Pleasant 60-year-old female whose neurological examination shows excellent motor strength. She is however very off balance. MRI brain has over the last few years showed large ventricles. This raises the possibility of normal pressure hydroc; This study is being ordered for a neurological disorder.; History / Dx: R26.89 Imbalance  History / Dx: Very nice 60-year-old female with complex history. Time spent reviewing oncology notes. She has seen Dr. Diamond as well as the Mayo Clinic neurologists as well as a neuromuscular specialist in Tulsa. Th; There has been treatment or conservative therapy.; WEAKNESS,IMBALANCE; WAS ON MONTHLY IVIG, WAS ON MESTINON ALSO FOR A PERIOD OF TIME.SHE HAS CANE,WALKER,WHEELCHAIR.

1

Neurology

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; She has headaches every day and sometimes they will last all day. The y will go on for weeks. It begins with nausea and head pain which is bilateral. She says that the pain often starts in her neck and works its way up. She has neck pain in between the he

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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; &Enter Additional Clinical Information&	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	known left L5-S1 disc herniation with mild canal stenosis, eval for progression of disease and failure of conservative management therapy also hx of multiple sclerosis reassess progression of disease; This study is being ordered for a neurological disorder.; November 2014; There has been treatment or conservative therapy.; lower extremity pain and pain in the mid lower back with prolonged standing and flexion at the waist; PT and pain management	1

Neurology

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; It is not known if there has been any treatment or conservative therapy.; joint pain, edema lower lextremity, numbness, muscle weakness, muscle pain, intolerance to cold,

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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Multiple sclerosis (G35). She is taking Tecfidera, says she is complaint, last lymph count was in April, 1.0, we are checking new brain, c,T spine MRIs and lab today. She did not want Ampyra due to the literature saying it could bother her driving. She ; This study is being ordered for a neurological disorder.; 01/01/1995; There has been treatment or conservative therapy.; multiple sclerosis ; The symptoms are reported as being moderate. The symptoms occur constantly. The location is brain. Relieving factors include ms meds. She states the symptoms are chronic and are stable. still having house troubles, it is not finished; Medications (active prior to today); Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Elsewhere; ferrous sulfate 324 mg (65 mg iron) tablet,delayed release; 1 po tid between meals; 01/13/2015; ; 01/13/2015; N; Vitamin D3 2,000 unit tablet; 1 ta</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Multiple Sclosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; Stastic Gate; medication and physical therapy</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Neck pain, decreased soft touch; decreases to soft touch in the left ulnar distribution, Neurological examination shows weakness in ulnar innervated left hand muscles(FDI, FDP4,5) and numbness in ulnar distribution, history of back surgery at L1-L2 level;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Neck pain, decreased soft touch; decreases to soft touch in the left ulnar distribution, Neurological examination shows weakness in ulnar innervated left hand muscles(FDI, FDP4,5) and numbness in ulnar distribution, history of back surgery at L1-L2 level; The patient 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
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>On exam she has increased reflexes on the left and reduced sensation on the right. Given her age, symptoms, and exam Findings, I think a demyelinating process such as multiple sclerosis should be rule out. I will send her for a brain mri and spinal screen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple years ago; There has been treatment or conservative therapy.; ; Physical Therapy and a chiropractor. Elavil 10mg QHS. OTC mediations and PRN Imitrex</p>	1
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Neurology

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; It is not known if there has been any treatment or conservative therapy.; Gait Problems; Gait Disturbance; Increasing problems with walking; Visual loss in the right eye; Numbness and tingling in his arms and legs; Urinary retention; Constipation; Probable Multiple Sclerosis; Positive oligoclonal banding; Optic Neuritis; Cerebe

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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with optic neuritis, newly diagnosed probable MS. Abnormal brain MRI with extensive white matter changes. Need cervical and thoracic spine MRIs to rule out demyelination involving the cord.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; Patient with optic neuritis, newly diagnosed probable MS. Abnormal brain MRI with extensive white matter changes. Need cervical and thoracic spine MRIs to rule out demyelination involving the cord.; MRI brain showed extensive white matter changes suspicious for MS. Patient has been put on trials of steroids for optic neuritis	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has MS; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O STROKE OR MYELITIS OR MYELOPATHY; This study is being ordered for a neurological disorder.; ONE MONTH AGO; There has not been any treatment or conservative therapy.; PARASTHESIAS RIGHT HAND AND FOOT	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Request for MRI Brain w/wo for MS and cervical spine MRI to rule out cord impingement or a demyelinating process such as multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; Headaches , Double Vision, Neck pain, burning sensation down her spine and muscle cramps , mild paraesthesia in hands. , Memory Loss, Hyperreflexic, Myoclonus at night.; Naproxen, Imitrex , Lamictal, Zipsor, Tizanidine	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	severe back and neck pain; This study is being ordered for a neurological disorder.; 3 months ago; There has been treatment or conservative therapy.; parasthesia, pain down left lower extremity, left foot; physical therapy	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She has a family history of MS, as her mother was diagnosed at the age of 27.; This study is being ordered for a neurological disorder.; 1 year ago; There has been treatment or conservative therapy.; Recurring headaches that occur with dizziness that worsens upon lying down. She also notes numbness and tingling in all extremities that is intermittent and can occur at any time of the day.; Frequent rest periods, physical therapy, exercise therapy, and OTC headache medications.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	short term memory loss, ringing in ears; This study is being ordered for a neurological disorder.; 8yrs ago; There has been treatment or conservative therapy.; severe headache, pressure in head, choking on food, random pain; meds	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Since the patient was found to have bands in his CSF, this could be coming from the serum. Will send him for labs for neuropathy. Will also check EMG and nerve conduction studies due to the paresthesia and set him up for an MRI of his cervical and thoraci; This study is being ordered for a neurological disorder.; 9/19/16; There has been treatment or conservative therapy.; Blurred vision, dizziness, numbness, tingling problems with his balance, chronic headaches, and depression. pseudo tumor cerebri and chronic headaches.; Diamox 500mg, Elavil 75 mg h.s and Inderal LA 80 mg	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The last EMG/NC study on 10/12/16 showed severe lesion of the left suprascapular nerve. He had prominent denervation in the left supraspinatus and infraspinatus muscles. He did have active motor recruitment of the supraspinatus.; This study is being ordered for a neurological disorder.; PT'S MOTHER HAS progressive muscular atrophy and patient has been showing signs in the same way for approximately 5-6 months now. Mother is in a wheelchair currently.; It is not known if there has been any treatment or conservative therapy.; weakness on left side, muscle loss on shoulder, reflexes were not the same in comparison to the other "more jumpy". The patient has left arm weakness and has atrophy in left scapula. MMT STRENGTH was 5/5 w/ right abduction and 3/5 with left arm abductio</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</p>	3

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; none	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not had a surveillance MRI of C spine in 2 years. She has new lesion in the Brain 10/28/16.Gait instability and Paresthesias. She had a flair recently.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" Known Tumor with or without metastasis	3

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	this is a request for an MRI to monitor disease burden of multiple sclerosis; This study is being ordered for a neurological disorder.; years; There has been treatment or conservative therapy.; patient was found to have contrast enhancing lesions on MRIs in the past that is consistent with multiple sclerosis; patient has been monitored by numerous doctors and tried on multiple medications for multiple sclerosis.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	4
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	63
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.; yes, there are documented clinical findings of Multiple sclerosis.	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.; yes, there are documented clinical findings of Multiple sclerosis.	2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.	12
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; History / Dx: R20.2 Paresthesia  History / Dx: sensory changes in his lower limbs. No significant progression vs last time I saw him in 5/2016. Nerve conduction studies were normal. Examination today shows the reflexes in the lower limbs to be brisk. ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	8
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	47
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; Yes, the patient is demonstrating unilateral muscle wasting.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	7
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; 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

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Trauma or recent injury; The patient is a 57-year-old woman who comes in with "migraines, neck injury, and numbness in right arm and hand". I asked her to prioritize these three things and number one was her neck pain and right arm tingling and numbness. She said that at night w; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.</p>	2

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	To Evaluate the status of her disease as soon as possible, The disease is obviously very advanced so we do not expect her lower extremity symptoms to see much, if any improvement. Hopefully though by starting her on DMT we can slow any further disease pro; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; Weakness, muscle cramps, neck pain, fatigue, paresthesia.; Aubagio	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	to r/o ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; medications	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	To rule out disc herniation affecting the arms, causing weakness and pain with numbness. To rule out TIA or CVA in view of her continued dizziness and fainting.; This study is being ordered for a neurological disorder.; July 2014; There has been treatment or conservative therapy.; She c/o blurred vision along with biltaral arm numbness and pain.; The patient has undergone physical therapy, medical management in the form of pain control with medications, and has been referred to several specialists as well.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	To rule out myelopathy. Showed a lot of pain when checking reflexed during my 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Showed a lot of pain when checking reflexed during my exam	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	trying to rule ou MS; This study is being ordered for a neurological disorder.; 10/2016; There has not been any treatment or conservative therapy.; numbness, dizziness, neck stiffnes, light headed	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNABLE TO SPEAK; This study is being ordered for a neurological disorder.; 7/2016; There has been treatment or conservative therapy.; NUMBNESS IN ALL EXTREMITIES; MEDICATIONS	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNONW; This study is being ordered for a neurological disorder.; 10/03/2016; There has been treatment or conservative therapy.; BILAT UE AND LE SXs, previous MRI shows increase in gray matter weakness, 6 month re-evaluation; Meds	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; very weak and falling alot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; severe back and neck pain, pain is worsening; medications with no relief, completed several weeks of PT with no relief, injections with no relief	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; Patient isn't sure of exact time but states has been ongoing for 1 year at least; There has been treatment or conservative therapy.; complains of burning sensation in both legs, toes feel numb. also complains of neck pain; Meloxicam and Gabapentin have been given to patient without change in symptoms	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Want to order a MRI of the cervical spine to rule out myelopathy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor: Strength 5/5 in all major muscle groups without atrophy or fasciculation. The patient stated that she was weak.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We are following up on an MRI obtained in 2015 that showed possible MS.; This study is being ordered for a neurological disorder.; September 8th, 2015; There has been treatment or conservative therapy.; Generalized weakness that varies in level of degree based on her amount of physical activity, however always present. She also notes worsening of vision and intermittent facial drooping.; OTC and prescription medications, activity modification, and CPAP use due to OSA.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We are wanting to rule out multiple sclerosis; This study is being ordered for a neurological disorder.; September 2016; There has been treatment or conservative therapy.; Lack energy and does have generalized numbness in her hands, arms, legs and poor balance have persisted intermittently. He has also reported of left upper extremity jerking that he cannot control. His left lower extremity stasis wound all the time for ; Activity modification and OTC and prescription medications	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.";	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/27/16; There has not been any treatment or conservative therapy.; Left leg pain rubber band sensation	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several yrs ago; 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 >	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 2009; There has been treatment or conservative therapy.; dizzy spells , jerking spells, headaches; LT , MRI, medication,	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 9 2016; There has been treatment or conservative therapy.; pain, and radiculopathy; Nsaids, and PT	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/16/2016; There has been treatment or conservative therapy.; ; DICLOFENAC	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal Brain MRI -White matter changes. Her brain MRI was suspicious for MS, however, her spinal fluid came back completely normal. Spinal fluid can be negative in 5% of patient with MS. Exam today is unremarkable. I will send her for Cervical and Thora; This study is being ordered for a neurological disorder.; 6-7 Months; It is not known if there has been any treatment or conservative therapy.; Migraine-type headaches. abnormal eye movements and dizziness. Blurry vision in both eyes.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Brain MRI at her last visit which showed findings suspicious for a demyelinating process such as multiple sclerosis. Unfortunately her insurance denied authorization for cervical and thoracic MRI. We called and set her up for a spinal tap and her MS panel; This study is 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.; Paresthesias;; Trial of Avonex	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	facial numbness, visison defects; This study is being ordered for a neurological disorder.; 10-11-16; There has been treatment or conservative therapy.; headaches, syncope, abnormal mri; medication	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP FOR POSSIBLE SPASTIC PARAPLEGIA OF UNKNOWN ETIOLOGY THAT APPEARS TO BE PROGRESSING.; This study is being ordered for a neurological disorder.; 5/4/2016; There has been treatment or conservative therapy.; INCONSISTENT HEEL STRIKE, CONSISTENTLY ON TOES WITH INCREASED CADENCE, CROUCHING; PHYSICAL THERAPY	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Given her age and complaints of back pain and paresthesias still concerned patient may have a demyelinating process such as multiple sclerosis; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has 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
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	He was diagnosed with viral meningitis during that time. Since his last visit he still complains of the numbness and burning pain of hands and feet. The numbness is mostly in his right arm and both hands. He is not able to do fine motor movements as we; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; To rule out Multiple Sclerosis/CIDP; It is not known if there has been any treatment or conservative therapy.; Of numbness and burning pain of hands and feet. The numbness is mostly in his right arm and both hands. He is not able to do fine motor movements as well as he used too.	1
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	History of PRES. BP is doing fairly well. She has been having some complex migraines over the past couple of months but no more seizures. A recent EEG (on 7/5/16) was normal. Continue Lamictal 100mg BID and add Gabapentin 100mg TID which hopefully will help; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Headaches, Seizures, and memory changes. She reports her headaches are increasing in frequency and severity. Vision changing, she has blurry vision even without a headache.; Gabapentin 100 mg TID ,  Lamictal 100mg BID ,  Ibuprofen or Excedrin	1
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; Patient is following up after a seizure. He is not driving. At this point he feels well enough and is anxious to return to work as an electronics assembler.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
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Neurology

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; left lower extremity weakness, has some weakness in the hands, history of multiple left leg injuries, 2 knee surgeries(last in August 2016), has difficulty lifting up the left leg and moving her left foot, has muscle spasms especially in the left leg, re; It is not known if there has been any treatment or conservative therapy.; joint pain, edema lower lextremity, numbness, muscle weakness, muscle pain, intolerance to cold,

1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Multiple sclerosis (G35). She is taking Tecfidera, says she is complaint, last lymph count was in April, 1.0, we are checking new brain, c,T spine MRIs and lab today. She did not want Ampyra due to the literature saying it could bother her driving. She ; This study is being ordered for a neurological disorder.; 01/01/1995; There has been treatment or conservative therapy.; multiple sclerosis The symptoms are reported as being moderate. The symptoms occur constantly. The location is brain. Relieving factors include ms meds. She states the symptoms are chronic and are stable. still having house troubles, it is not finished; Medications (active prior to today); Medication Name; Sig Desc; Start Date; Stop Date; Refilled; Elsewhere; ferrous sulfate 324 mg (65 mg iron) tablet,delayed release; 1 po tid between meals; 01/13/2015; ; 01/13/2015; N; Vitamin D3 2,000 unit tablet; 1 ta	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Multiple Sclosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; Stastic Gate; medication and physical therapy	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	N/A; This study is being ordered for a neurological disorder.; 11/2/2016; There has been treatment or conservative therapy.; Low back pain.; Physical Therapy	1

Neurology

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

On exam she has increased reflexes on the left and reduced sensation on the right. Given her age, symptoms, and exam Findings, I think a demyelinating process such as multiple sclerosis should be rule out. I will send her for a brain mri and spinal screen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple years ago; There has been treatment or conservative therapy.; ; Physical Therapy and a chiropractor. Elavil 10mg QHS. OTC medications and PRN Imitrex

1

Neurology

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; It is not known if there has been any treatment or conservative therapy.; Gait Problems; Gait Disturbance; Increasing problems with walking; Visual loss in the right eye; Numbness and tingling in his arms and legs; Urinary retention; Constipation; Probable Multiple Sclerosis; Positive oligoclonal banding; Optic Neuritis; Cerebe

1

Neurology

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

Patient with optic neuritis, newly diagnosed probable MS. Abnormal brain MRI with extensive white matter changes. Need cervical and thoracic spine MRIs to rule out demyelination involving the cord.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; Patient with optic neuritis, newly diagnosed probable MS. Abnormal brain MRI with extensive white matter changes. Need cervical and thoracic spine MRIs to rule out demyelination involving the cord.; MRI brain showed extensive white matter changes suspicious for MS. Patient has been put on trials of steroids for optic neuritis

1

Neurology

Approval

72146 MRI THORACIC SPINE CHEST
SPINE UPPER BACK WITHOUT
CONTRAST

Since the patient was found to have bands in his CSF, this could be coming from the serum. Will send him for labs for neuropathy. Will also check EMG and nerve conduction studies due to the paresthesia and set him up for an MRI of his cervical and thoraci; This study is being ordered for a neurological disorder.; 9/19/16; There has been treatment or conservative therapy.; Blurred vision, dizziness, numbness, tingling problems with his balance, chronic headaches, and depression. pseudo tumor cerebri and chronic headaches.; Diamox 500mg, Elavil 75 mg h.s and Inderal LA 80 mg

1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The last EMG/NC study on 10/12/16 showed severe lesion of the left suprascapular nerve. He had prominent denervation in the left supraspinatus and infraspinatus muscles. He did have active motor recruitment of the supraspinatus.; This study is being ordered for a neurological disorder.; PT'S MOTHER HAS progressive muscular atrophy and patient has been showing signs in the same way for approximately 5-6 months now. Mother is in a wheelchair currently.; It is not known if there has been any treatment or conservative therapy.; weakness on left side, muscle loss on shoulder, reflexes were not the same in comparison to the other "more jumpy". The patient has left arm weakness and has atrophy in left scapula. MMT STRENGTH was 5/5 w/ right abduction and 3/5 with left arm abductio	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	10
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; <Enter Additional Clinical Information>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	5
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	2

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	To Evaluate the status of her disease as soon as possible, The disease is obviously very advanced so we do not expect her lower extremity symptoms to see much, if any improvement. Hopefully though by starting her on DMT we can slow any further disease pro; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; Weakness, muscle cramps, neck pain, fatigue, paresthesia.; Aubagio	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	UNABLE TO SPEAK; This study is being ordered for a neurological disorder.; 7/2016; There has been treatment or conservative therapy.; NUMBNESS IN ALL EXTREMITIES; MEDICATIONS	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested 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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; headaches that last more than 6 hrs that are recurrent, muscle weakness, lower back pain, difficulty walking, motor skills difficulty, to r/ MS; medications	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/27/16; There has not been any treatment or conservative therapy.; Left leg pain rubber band sensation	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; neck pain back pain migraines; back surgery	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; back and severe neck pain that is unchanged, numbness in extremities.; Physical Therapy, Medications	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; several yrs ago; 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 >;	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; numbness and tingling, back pain, neck pain.; medications, nerve block, emg	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 9 2016; There has been treatment or conservative therapy.; pain, and radiculopathy; Nsaids, and PT	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 08/14/2016; There has been treatment or conservative therapy.; ; COMPLETED COURSE OF PHYSICAL THERAPY RECENTLY THERE'S NO CHANGE	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 09/16/2016; There has been treatment or conservative therapy.; ; DICLOFENAC	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	1. leg pain  Onset: 2 years ago. It occurs constantly. The pain is piercing. The pain is aggravated by climbing (and descending) stairs and walking. The pain is relieved by rest. Additional information: Started when got overheated at work. Varicose; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	31 Year old female who comes in today for whole body paresthesias. Symptoms started over a year ago and came on gradually. They occur almost constantly now and involve her face, arms and legs She also notes chronic neck and lower back pain. At time the pain; This study is being ordered for a neurological disorder.; a year ago; It is not known if there has been any treatment or conservative therapy.; Paresthesias, chronic neck and lower back pain,	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Communication:Comment: she went to ER (Siloam Springs) over the weekend, she is wanting to get MRI done sooner. Communication:Comment: PT states she has been going to PT x 3 weeks for low back pain. She reports that friday she bent over and felt somethi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Detailed history indicates that her symptoms of chronic pain described during today's exam despite the use of various medications which she is currently taking. The current meds include Hydrocodone 7.5 mg/325 mg tid, Gabapentin 100 mg tid, Tizadine 2 mg; This study is being ordered for a neurological disorder.; Mrs. Tina Wilson is now a 48 year old right handed Caucasian female came to see me for evaluation and management of chronic pain in mid and low back without radiation for at least 15 years. The pain has worsened in 2013 following a " nervous breakdown whi; There has been treatment or conservative therapy.; Chronic pain in mid and low back without radiation; She has been under pain management with the Advance Spine Institute in Little Rock and was last seen there Sept 12, 2016.	1
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Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOLLOW UP FOR POSSIBLE SPASTIC PARAPLEGIA OF UNKNOWN ETIOLOGY THAT APPEARS TO BE PROGRESSING.; This study is being ordered for a neurological disorder.; 5/4/2016; There has been treatment or conservative therapy.; INCONSISTENT HEEL STRIKE, CONSISTENTLY ON TOES WITH INCREASED CADENCE, CROUCHING; PHYSICAL THERAPY	1
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Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>IMPRESSION: Pleasant 22-year-old gentleman with severe low back pain. Worse as of late. Also with numbness in his left leg. Suspect lumbosacral radiculopathy. Does have a history of 2 accidents as noted above. MRI lumbar spine will be ordered. Gabap; The study 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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>IMPRESSION: Pleasant 60-year-old female whose neurological examination shows excellent motor strength. She is however very off balance. MRI brain has over the last few years showed large ventricles. This raises the possibility of normal pressure hydroc; This study is being ordered for a neurological disorder.; History / Dx: R26.89 Imbalance &#x0D; History / Dx: Very nice 60-year-old female with complex history. Time spent reviewing oncology notes. She has seen Dr. Diamond as well as the Mayo Clinic neurologists as well as a neuromuscular specialist in Tulsa. Th; There has been treatment or conservative therapy.; WEAKNESS,IMBALANCE; WAS ON MONTHLY IVIG, WAS ON MESTINON ALSO FOR A PERIOD OF TIME.SHE HAS CANE,WALKER,WHEELCHAIR.</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>N/A; This study is being ordered for a neurological disorder.; 11/2/2016; There has been treatment or conservative therapy.; Low back pain.; Physical Therapy</p>	1

Neurology

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

On exam she has increased reflexes on the left and reduced sensation on the right. Given her age, symptoms, and exam Findings, I think a demyelinating process such as multiple sclerosis should be rule out. I will send her for a brain mri and spinal screen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple years ago; There has been treatment or conservative therapy.; ; Physical Therapy and a chiropractor. Elavil 10mg QHS. OTC medications and PRN Imitrex

1

Neurology

Approval

72148 MRI LUMBAR SPINE OR LOW
BACK WITHOUT CONTRAST

Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient demonstrates significant lesion burden both the brain and spinal cord with positive oligoclonal banding and IgG synthesis rate. It sounds like he had optic neuritis in the past as well. Findings are consistent with diagnosis of multiple sclerosis; It is not known if there has been any treatment or conservative therapy.; Gait Problems; Gait Disturbance; Increasing problems with walking; Visual loss in the right eye; Numbness and tingling in his arms and legs; Urinary retention; Constipation; Probable Multiple Sclerosis; Positive oligoclonal banding; Optic Neuritis; Cerebe

1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Problem #2 sensory changes in his lower limbs. No significant progression vs last time I saw him in 5/2016. Nerve conduction studies were normal. Examination today shows the reflexes in the lower limbs to be brisk. Toes equivocal. No clonus. Exam didn; This study is being ordered for a neurological disorder.; 07/29/2016; There has been treatment or conservative therapy.; Problem #2 sensory changes in his lower limbs. No significant progression vs last time I saw him in 5/2016. Nerve conduction studies were normal. Examination today shows the reflexes in the lower limbs to be brisk. Toes equivocal. No clonus. Exam didn; TOPIRAMATE LAMOTRIGINE	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	severe back and neck pain; This study is being ordered for a neurological disorder.; 3 months ago; There has been treatment or conservative therapy.; parasthesia, pain down left lower extremity, left foot; physical therapy	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected infection or abscess	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	2
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	15
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	4
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	38

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	to r/o ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; medications	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; severe back and neck pain, pain is worsening; medications with no relief, completed several weeks of PT with no relief, injections with no relief	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	We are trying to rule out lumbar disc herniation, malignancy, or/and spinal abnormality.; This study is being ordered for a neurological disorder.; June 2015; There has been treatment or conservative therapy.; Severe pain in her left leg with burning sensation, tingling, numbness that has started years ago.; She has had several steroid injections in her SI joints and Lumbar region. She has also undergone physical therapy and is currently under pain management to improve her symptoms.	1
Neurology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.	1

Neurology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Right Hydronephrosis, abnormal ultrasound; 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.	1
Neurology	Approval	72196 MRI PELVIS	sharp groin pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
Neurology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Neurology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 09/27/2016; There has been treatment or conservative therapy.; Bilateral shoulder pain, swelling; Injection	2

Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The last EMG/NC study on 10/12/16 showed severe lesion of the left suprascapular nerve. He had prominent denervation in the left supraspinatus and infraspinatus muscles. He did have active motor recruitment of the supraspinatus.; This study is being ordered for a neurological disorder.; PT'S MOTHER HAS progressive muscular atrophy and patient has been showing signs in the same way for approximately 5-6 months now. Mother is in a wheelchair currently.; It is not known if there has been any treatment or conservative therapy.; weakness on left side, muscle loss on shoulder, reflexes were not the same in comparison to the other "more jumpy". The patient has left arm weakness and has atrophy in left scapula. MMT STRENGTH was 5/5 w/ right abduction and 3/5 with left arm abductio</p>	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</p>	1
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; unknown</p>	1

Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2
Neurology	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Neurology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	1
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	2
Neurology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1

Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	2
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	We are trying to rule out lumbar disc herniation, malignancy, or/and spinal abnormality.; This study is being ordered for a neurological disorder.; June 2015; There has been treatment or conservative therapy.; Severe pain in her left leg with burning sensation, tingling, numbness that has started years ago.; She has had several steroid injections in her SI joints and Lumbar region. She has also undergone physical therapy and is currently under pain management to improve her symptoms.	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	2

Neurology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Neurology	Approval	76390 Mr spectroscopy	This is a request for MRS.	1
Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]		1
Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Patient is a 54 year old gentleman return to clinic today accompanied by his wife. He was last evaluated September 9 for issues related to memory loss. Neurocognitive testing indicated evidence of early dementia possibly Alzheimer's type. He does have a s; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
Neurology	Approval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Trying to determine if patient has dementia or Alzheimer's disease.; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1
Neurology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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
Neurology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
Neurology	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Abnormal brain MRI showing "multiple nonspecific subcortical and periventricular T2 signal abnormalities within the supratentorial deep white matter"; This study is being ordered for a neurological disorder.; 06/27/16; There has been treatment or conservative therapy.; syncope, cissy spells, jerks a lot at night, has bitten her tongue, she has wet herself.; Gabapentin and just underwent a lumbar puncture	1

Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	EPISODIC LIGHtheadNESS WITH PROMINENT NAUSEA AND VOMITING.; 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
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	HEADACHES WITH DIZZINESS AND CONFUSION.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	She started to have headaches when she was 12-year-old. The headaches usually started on the right side progressing to the left side with throbbing and pulsating pain. The severity was graded at 9/10, lasting hours to days, associated with nausea, photoph; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	to rule out possible stroke or a blockage in an artery causing symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/27/16; There has been treatment or conservative therapy.; continues to experience dizziness and visual disturbance. Preceding injection of medications, he was confused and had slurring of his speech. Dizziness comes and goes, but occurs mainly when he is walking. Black spots are always there.; He was given an injection of Ativan, Benadryl, Compazine, and Decahedron.	1

Neurology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p> Fizzure lesion shown on imaging of brain; "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>	1
Neurology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p> Abnormal brain MRI showing "multiple nonspecific subcortical and periventricular T2 signal abnormalities within the supratentorial deep white matter"; This study is being ordered for a neurological disorder.; 06/27/16; There has been treatment or conservative therapy.; syncope, cissy spells, jerks a lot at night, has bitten her tongue, she has wet herself.; Gabapentin and just underwent a lumbar puncture </p>	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p> &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 4/8/2016; There has not been any treatment or conservative therapy.; Visual disturbance, high blood pressure </p>	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p> ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; </p>	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p> ; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ; </p>	1

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p>Christina Wilson is a 21 year old female who comes in today for headaches. She has a recent severe headache on 10/2/16 with right sided throbbing involving the right side of her head and CTA chest were negative. The headache and left arm numbness/heaviness; This study is being ordered for a neurological disorder.; 10/02/16; It is not known if there has been any treatment or conservative therapy.; Severe headache right sided throbbing, left arm, numbness and heaviness. Left arm weakness. neck pain and mid back pain. pain shoots up and down her spine and down her left arm.</p>	1
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Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	<p>He does have some mild autonomic symptoms though headaches are not unilateral. Possibly cluster but considered SUNCT as well.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; He's having about 4 of these headaches an hour. The last about 60 seconds. They are not unilateral and involve bilateral retro-orbital up towards the vertex. He describes it as pulses of severe pain. It didn't follow with a squeezing. He does have t; medication, ENT evaluation</p>	1
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Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	I will send her for an EEG to rule out seizures and a brain MRI w/wo to rule out stroke. tumor, demyelination. We will also set her up for a CTA head given her tinnitus, dizziness, syncope episodes, and the headaches always being on the left side to rule ; This study is being ordered for a neurological disorder.; history of migraines and headaches since the 1990s; There has been treatment or conservative therapy.; Left side headaches, syncope, mood swings, nausea, photophobia, phonophobia, dizziness, tinnitus and memory loss.; PRN BC powder and ibuprofen, Started Lamictal 25mg	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	to rule out possible stroke or a blockage in an artery causing symptoms.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/27/16; There has been treatment or conservative therapy.; continues to experience dizziness and visual disturbance. Preceding injection of medications, he was confused and had slurring of his speech. Dizziness comes and goes, but occurs mainly when he is walking. Black spots are always there.; He was given an injection of Ativan, Benadryl, Compazine, and Decahedron.	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	5

Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	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.; 4/8/2016; There has not been any treatment or conservative therapy.; Visual disturbance, high blood pressure	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.;	2
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 04/01/2016; There has been treatment or conservative therapy.; Thunderclap headache;	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	He does have some mild autonomic symptoms though headaches are not unilateral. Possibly cluster but considered SUNCT as well.; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; He's having about 4 of these headaches an hour. The last about 60 seconds. They are not unilateral and involve bilateral retro-orbital up towards the vertex. He describes it as pulses of severe pain. It didn't follows with a squeezing. He does have t; medication, ENT evaluation	1
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/16; There has been treatment or conservative therapy.; headache since 2012; over counter meds	1
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Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Patients migraines are getting progressively worse. With vision disturbances and numbness, tingling, and throbbing pressure on right side of face and head.; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Vision changes, right side of head and face throbbing with pressure. Numbness and hot feeling on right side of face.; Patient has been given multiple triptan medicines that did not provide any relief and also cause side effects of feeling like her throat was swelling. Patient has also taken Topamax but has side effects so she had to stop.	1
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Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	possibly considered to be SUNCT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago-July 2016; There has been treatment or conservative therapy.; 22-year-old presents with headaches. He's had a history of migraine headaches in his life however he reports the current headaches are been different for about the past 3 months. He's having about 4 of these headaches an hour. The last about 60 seconds; treatment by ENT and medication treatment	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	4
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	2

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Unknown; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 12/3/2016; There has been treatment or conservative therapy.; headache, dizziness, slurred speech; medication	1
Neurology	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; headaches that last more than 6 hrs that are recurrent, muscle weakness, lower back pain, difficulty walking, motor skills difficulty, to r/ MS; medications	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; Pt suffers with headache, sensitivity to light and back pain that radiates from jaw down neck.; OTC medication, and supervised home exercise program.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/16; There has been treatment or conservative therapy.; headache since 2012; over counter meds	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-2016; There has not been any treatment or conservative therapy.; neck pain radiculopathy pain and left shoulder pain back pain	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here08/24/2015 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms hereABNORMAL FINDINGS BRAIN LESION, CERVICAL NECK PAIN NUMBNESS AND TINGLING, S/P CERVICAL FUSION 2014 - or Type In Unknown If No Info Given; Describe treatment / conservative therapy hereCERVICAL FUSION C SPINE 2014, BRAIN LESION - or Type In Unknown If No Info Given	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increasing leg pain and arm weakness. Patient is in wheelchair.; This study is being ordered for a neurological disorder.; Patient has known transverse myelitis. An MRI is necessary to check for any new lesions.; There has been treatment or conservative therapy.; Leg pain and arm weakness.; Patient is taking Lyrica and has been for some time now.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Migraine without aura and without status migrainosus, not intractable; 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.	2
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Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	On today's exam memory loss is reported as bothersome to patient and wife, MOCA 24/30-neuro psych evaluation ordered. He and his wife reports he had a memory laboratory panel done at PCP's will try and get the results. Please get Brain Mri w/wo to rule o; This study is 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 to 2 years ago; It is not known if there has been any treatment or conservative therapy.; Memory Loss and Headaches	1
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Neurology

Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Radiology Services
Denied Not
Medically
Necessary

She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears. Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; This study is being ordered for Inflammatory/ Infectious Disease.; JANUARY 2016; There has been treatment or conservative therapy.; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears. Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; LYRICA; TRAMADOL

1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.  Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; This study is being ordered for Inflammatory/ Infectious Disease.; JANUARY 2016; There has been treatment or conservative therapy.; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.  Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.  Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tometica Dickey is a 45 year old female who comes in today for frequent falls. Symptoms started in February of last year. She reports a history of left foot surgery x2 over the past couple of years and that she thinks her falls are related to a fear of hur; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; Frequent falls. pain postoperatively with her left foot, occasional neck and back pain. some radicular pain in all of her extremities. Reflexes. Symmetrical 2+ all over.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for a neurological disorder.; 12/3/2016; There has been treatment or conservative therapy.; headache, dizziness, slurred speech; medication	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1
Neurology	Disapproval	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Neurology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	r/o thymoma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Neurology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	To check for lung cancer due to former smoker and history of COPD; 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.	1
Neurology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; 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.; It is not known whether there are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Neurology	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	To rule out multiple sclerosis or another central nervous system process.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 >;	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/2016; There has been treatment or conservative therapy.; Pt suffers with headache, sensitivity to light and back pain that radiates from jaw down neck.; OTC medication, and supervised home exercise program.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/2014; There has been treatment or conservative therapy.; numbness and tingling; medication	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; recent; There has been treatment or conservative therapy.; neck and back pain; medication	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-2016; There has not been any treatment or conservative therapy.; neck pain radiculopathy pain and left shoulder pain back pain	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over the past 6 months.; There has been treatment or conservative therapy.; constant migraine, pain that shoots down to the vertexes, radiates to her back. cannot exercise because it hurts her; muscle relaxant	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here -11/08/2016 or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms hereMIGRAINES, NECK PAIN MUSCLE SPASMES, MEMORY LOSS, NUMBNESS AND TINGLING, BURNING SENSATION, MUSCLE WEAKNESS - or Type In Unknown If No Info Given; Describe treatment / FIORICET FOR MIGRAINES, NAPROXEN AND NEURONTIN FOR THE RADICULOPATHYconservative therapy here - or Type In Unknown If No Info Given	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here08/24/2015 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms hereABNORMAL FINDINGS BRAIN LESION, CERVICAL NECK PAIN NUMBNESS AND TINGLING, S/P CERVICAL FUSION 2014 - or Type In Unknown If No Info Given; Describe treatment / conservative therapy hereCERVICAL FUSION C SPINE 2014, BRAIN LESION - or Type In Unknown If No Info Given	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Numbness  Onset was 3 years ago. Additional information: Intermittent numbness on left side of body, including head/face. Felt weak but could do everything. First event was related to resp disease. Lasted for 3 wks. Then a year later bilat arm num; This study is being ordered for a neurological disorder.; 3 YEARS AGO; There has been treatment or conservative therapy.; 1. Numbness  Onset was 3 years ago. Additional information: Intermittent numbness on left side of body, including head/face. Felt weak but could do everything. First event was related to resp disease. Lasted for 3 wks. Then a year later bilat arm num; VITAMIN B12	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal Brain MRI -White matter changes. Her brain MRI was suspicious for MS, however her spinal fluid came back completely normal. Spinal fluid can be negative in 5% of patients with MS. Exam today is unremarkable. I will send her for Cervical and Thora; This study is being ordered for a neurological disorder.; 6-7months; It is not known if there has been any treatment or conservative therapy.; Abnormal eye movements and dizziness. Blurry vision in both eyes. Chronic headaches/migraines	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Assessment:  Mr.Nelson is now 35 year old right handed male with history, signs and symptoms suggestive of Peripheral Neuropathy with a touch of Cervical Radiculopathy that is manifesting as tingling, numbness and weakness in his hands to the extent th; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2016; There has not been any treatment or conservative therapy.; Mr. Charleston Nelsonis now 35-year-old right-handed male who has been referred to me for evaluation and management of pain and numbness between his shoulder blades and hands, radiating to involve his fingers as well. Patient has denied any numbness, ting	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Christina Wilson is a 21 year old female who comes in today for headaches. She has a recent severe headache on 10/2/16 with right sided throbbing involving the right side of her head and CTA chest were negative. The headache and left arm numbness/heaviness; This study is being ordered for a neurological disorder.; 10/02/16; It is not known if there has been any treatment or conservative therapy.; Severe headache right sided throbbing, left arm, numbness and heaviness. Left arm weakness. neck pain and mid back pain. pain shoots up and down her spine and down her left arm.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	for paresthesia and weakness in hands.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in both hands; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	2
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Increasing leg pain and arm weakness. Patient is in wheelchair.; This study is being ordered for a neurological disorder.; Patient has known transverse myelitis. An MRI is necessary to check for any new lesions.; There has been treatment or conservative therapy.; Leg pain and arm weakness.; Patient is taking Lyrica and has been for some time now.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;</p>	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Motor strength appears normal without atrophy or abnormal tone in the neck, both upper or both lower extremities unless noted.&#x0D; Soft tissue discomfort noted in the posterior neck, left posterior shoulder, right posterior shoulder, low back, right lateral ; This is a request for 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
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NECK PAIN, LOW BACK PAIN, TINGLING/NUMBNESS IN THE HANDS GOING ON FOR THE PAST YEAR AND HALF, GETTING WORSE, INVOLVES WHOLE HAND, NUMBNESS COMES AND GOES, PAIN FROM NECK RADIATES TO FINGERTIPS OF BOTH HANDS, INVOLVES DIGIT 3 AND DIGIT 4, PATIENT TOOK GABA; This is a 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
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	On today's exam memory loss is reported as bothersome to patient and wife, MOCA 24/30-neuro psych evaluation ordered. He and his wife reports he had a memory laboratory panel done at PCP's will try and get the results. Please get Brain Mri w/wo to rule o; This study is 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 to 2 years ago; It is not known if there has been any treatment or conservative therapy.; Memory Loss and Headaches	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has no improvement in symptoms after medication management.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; decreased PP	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Photophobia, sensitivity to sound, metallic taste in his mouth with headaches.; This study is being ordered for a neurological disorder.; October 2016; There has been treatment or conservative therapy.; Headaches, stiff neck, numbness, extreme weakness, slurred speech, dizziness, vertigo, passing out, dragging his left leg when he has a headache; Codeine, Fioricet, Benadryl, Gabapentin and a recent MRI w/wo 10/21/16	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previously diagnosed with transverse myelitis; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; sudden onset of bilateral lower extremity weakness, unable to walk, bladder loss.; Physical Therapy, medication management	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; This study is being ordered for a neurological disorder.; 8-9 YEARS AGO; There has been treatment or conservative therapy.;</p> <p>Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; PT/INJECTIONS</p>	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Problem #2 sensory changes in his lower limbs. No significant progression vs last time I saw him in 5/2016. Nerve conduction studies were normal. Examination today shows the reflexes in the lower limbs to be brisk. Toes equivocal. No clonus. Exam didn; This study is being ordered for a neurological disorder.; 07/29/2016; There has been treatment or conservative therapy.;</p> <p>Problem #2 sensory changes in his lower limbs. No significant progression vs last time I saw him in 5/2016. Nerve conduction studies were normal. Examination today shows the reflexes in the lower limbs to be brisk. Toes equivocal. No clonus. Exam didn; TOPIRAMATE&#x0D; LAMOTRIGINE</p>	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>She complains of neck pain that has been worse over the past few months (seen on 07/12/16).The pain makes her headaches worse. No radicular pain or incontinence/retention. PRN Tizandine hasn't helped her neck pain. a course of physical therapy did not help; This is a request for 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
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.; Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is better; This study is being ordered for Inflammatory/ Infectious Disease.; JANUARY 2016; There has been treatment or conservative therapy.; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.; Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is better; LYRICA; TRAMADOL</p>	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.; Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; This study is being ordered for Inflammatory/ Infectious Disease.; JANUARY 2016; There has been treatment or conservative therapy.; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.; Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette; She is in markedly pain. When I walked into the room the lights were dimmed. She was lying down on the table in tears.; Since Sunday she's had a bad headache. She has been under more stress. Her grandma is ill and in the hospital. Headache is bette	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	2

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; <Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.	1
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Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Patient is following up after a seizure event. He is not driving. at this point he feels well enough and is anxious to return to work as an electronics assembler.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; To rule out myelopathy; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; 1.*cts  The patient returns for bilateral hand paresthesias. She had previously had NCV studies done here in January of this year which revealed bilateral carpal tunnel syndrome. She has had a left carpal tunnel release done at the Arnold orthopedic c	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to complete workup that was previously denied.; This study is being ordered for a neurological disorder.; Early August 2016; There has been treatment or conservative therapy.; Tingling in right anterior leg, transverse myelitis; Medication: Keppra	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To rule out multiple sclerosis or another central nervous system process.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tometica Dickey is a 45 year old female who comes in today for frequent falls. Symptoms started in February of last year. She reports a history of left foot surgery x2 over the past couple of years and that she thinks her falls are related to a fear of hur; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; Frequent falls. pain postoperatively with her left foot, occasional neck and back pain. some radicular pain in all of her extremities. Reflexes. Symmetrical 2+ all over.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>#&#x0D; Detail Type&#x0D; Description&#x0D; 1.&#x0D; Assessment&#x0D; Multiple sclerosis (G35).&#x0D; &#x0D; Provider Plan&#x0D; History of what could have been optic neuritis, but not a lot of other attacks. The description of the brain scan actually doesn't sound like there are very many wh; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DIAGNOSED IN 2010; There has been treatment or conservative therapy.; CHECK MRI C SPINE,AND MRI T SPINE ,COMP-ARE TO OLD SCANS TO ASSESS DISEASE ACTIVITY,ABSENT SURAL RIGHT AND SUPERFICIAL PERONEAL RESPONSES.NUMBNESS IN LIMBS/LEGS GOING NUMB AT NIGHT; Multiple sclerosis (G35).&#x0D; History of what could have been optic neuritis, but not a lot of other attacks. The description of the brain scan actually doesn't sound like there are very many white matter spots. Mostly just has fatigue. She is not in a hu</p>	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; headaches that last more than 6 hrs that are recurrent, muscle weakness, lower back pain, difficulty walking, motor skills difficulty, to r/ MS; medications</p>	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/14/2016; There has been treatment or conservative therapy.; ; COMPLETED COURSE OF PHYSICAL THERAPY RECENTLY THERE'S NO CHANGE	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; Enter date of initial onset here -11/08/2016 or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; Describe primary symptoms hereMIGRAINES, NECK PAIN MUSCLE SPASMES, MEMORY LOSS, NUMBNESS AND TINGLING, BURNING SENSATION, MUSCLE WEAKNESS - or Type In Unknown If No Info Given; Describe treatment / FIORICET FOR MIGRAINES, NAPROXEN AND NEURONTIN FOR THE RADICULOPATHYconservative therapy here - or Type In Unknown If No Info Given	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal Brain MRI -White matter changes. Her brain MRI was suspicious for MS, however her spinal fluid came back completely normal. Spinal fluid can be negative in 5% of patients with MS. Exam today is unremarkable. I will send her for Cervical and Thora; This study is being ordered for a neurological disorder.; 6-7months; It is not known if there has been any treatment or conservative therapy.; Abnormal eye movements and dizziness. Blurry vision in both eyes. Chronic headaches/migraines	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Christina Wilson is a 21 year old female who comes in today for headaches. She has a recent severe headache on 10/2/16 with right sided throbbing involving the right side of her head and CTA chest were negative. The headache and left arm numbness/heaviness; This study is being ordered for a neurological disorder.; 10/02/16; It is not known if there has been any treatment or conservative therapy.; Severe headache right sided throbbing, left arm, numbness and heaviness. Left arm weakness. neck pain and mid back pain. pain shoots up and down her spine and down her left arm.	1
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Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Detailed history indicates that her symptoms of chronic pain described during today's exam despite the use of various medications which she is currently taking. The current meds include Hydrocodone 7.5 mg/325 mg tid, Gabapentin 100 mg tid, Tizadine 2 mg; This study is being ordered for a neurological disorder.; Mrs. Tina Wilson is now a 48 year old right handed Caucasian female came to see me for evaluation and management of chronic pain in mid and low back without radiation for at least 15 years. The pain has worsened in 2013 following a " nervous breakdown whi; There has been treatment or conservative therapy.; Chronic pain in mid and low back without radiation; She has been under pain management with the Advance Spine Institute in Little Rock and was last seen there Sept 12, 2016.	1
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Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previously diagnosed with transverse myelitis; This study is being ordered for a neurological disorder.; July 2016; There has been treatment or conservative therapy.; sudden onset of bilateral lower extremity weakness, unable to walk, bladder loss.; Physical Therapy, medication management	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; This study is being ordered for a neurological disorder.; 8-9 YEARS AGO; There has been treatment or conservative therapy.; Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; PT/INJECTIONS	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; There is x-ray or laboratory evidence of meningitis.; The study is being ordered due to known or suspected infection or abscess.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tometica Dickey is a 45 year old female who comes in today for frequent falls. Symptoms started in February of last year. She reports a history of left foot surgery x2 over the past couple of years and that she thinks her falls are related to a fear of hur; This study is being ordered for a neurological disorder.; February 2015; It is not known if there has been any treatment or conservative therapy.; Frequent falls. pain postoperatively with her left foot, occasional neck and back pain. some radicular pain in all of her extremities. Reflexes. Symmetrical 2+ all over.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 >;	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; recent; There has been treatment or conservative therapy.; neck and back pain; medication	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAKNESS IN LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>3. Neckpain &#x0D; Aggravating factors include lifting. Additional information: Related to MVA. Left arm radicular sx. difficulty with ROM of neck. Doing some home stretches.&#x0D; 4. Back pain &#x0D; Symptoms are aggravated by lifting. Additional information: 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 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
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Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Assessment: &#x0D; Mr.Nelson is now 35 year old right handed male with history, signs and symptoms suggestive of Peripheral Neuropathy with a touch of Cervical Radiculopathy that is manifesting as tingling, numbness and weakness in his hands to the extent th; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2016; There has not been any treatment or conservative therapy.; Mr. Charleston Nelsonis now 35-year-old right-handed male who has been referred to me for evaluation and management of pain and numbness between his shoulder blades and hands, radiating to involve his fingers as well. Patient has denied any numbness, ting</p>	1
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Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Difficulty rising from chair, antalgic gait, walks bent forward, LBP w/ dizziness, nausea and tremors of the legs up to his head, pain is constant.; The study 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.;</p> <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
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Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has numbness, tingling, burning, and weakness in her right leg and thigh. Patient also having sensory change and pain while walking or standing for any amount of time.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is weakness in the right leg and thigh.; 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
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Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; This study is being ordered for a neurological disorder.; 8-9 YEARS AGO; There has been treatment or conservative therapy.; Problem #1: Severe neck pain. Physical therapy did unfortunately did not help. I'm not sure I have anything more to offer her. His early seen Dr. Weiler for lower back injections which did not help. Wishes to be referred to the spinal surgeons for a s; PT/INJECTIONS	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	2

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	to complete workup that was previously denied.; This study is being ordered for a neurological disorder.; Early August 2016; There has been treatment or conservative therapy.; Tingling in right anterior leg, transverse myelitis; Medication: Keppra	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To rule out multiple sclerosis or another central nervous system process.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in pelvic- female. has been doing trigger point injections and they aren't helping the pain.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Neurology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	SHE STARTED WITH CRAMPS OF THE CALVES AND THIGH IN ABOUT MARCH/APRIL 2016, WHICH SHE ATTRIBUTED TO HER ANTI-HYPERTENSIVES. HOWEVER, AFTER THE MED CHANGED ONE AFTER THE ANOTHER BY HER PCP, THE PAIN CHANGED FROM CRAMPS TO SOLID PAIN IN BIL MEDIAL SIDE OF TH; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Neurology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Neurology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Right great toe numbness. Intermittent, positional numbness of left more than right hands.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; Yes, patient has completed and failed a course of conservative treatment.; There is conservative treatment other than physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.	1
Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	Radiology Services Denied Not Medically Necessary		3

Radiology Services
Denied Not
Medically
Necessary

Neurology	Disapproval	78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY]	; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	1
OB/Gynecology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
OB/Gynecology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient being seen in OBGYN office for hyperprolactinemia-abnormal discharge of the nipple-needs MRI of the pituitary gland; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

OB/Gynecology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Suspect tumor at the sella tursica.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

1

OB/Gynecology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.

4

OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; 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
OB/Gynecology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

OB/Gynecology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is 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.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3
OB/Gynecology	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1

OB/Gynecology	Approval	71250 CT CHEST, THORAX	All info has been entered.; 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.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	new mass on right side of neck; actively doing chemo; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	This patient had a Chest CT for lung cancer screening on May 27, 2016. The radiologist recommended a 6-month follow up Chest CT scan for likely benign noncalcified granulomata.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

OB/Gynecology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
OB/Gynecology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
OB/Gynecology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
OB/Gynecology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
OB/Gynecology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	3
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	bladder puncture; 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.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	complains of left lower quadrant pain, pelvic pain. Pelvic GYN ultrasound appears negative with ovaries and uterus. Consider pelvic inflammatory disease or diverticular disease.; 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.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Mass is causing pain when she is urinating; 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.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	post op pain and abcess; 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.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	This patient is a 51 YO WF. She now tells me that she has been having spotting (PMB) and severe cramps in lower abdomen for a while. She went to PCP who recommended a hysterectomy. She is postmenopausal now for over 2 years. I recently did I&D of several ; 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.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	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.	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered due to organ enlargement.; There is no ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.	1

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Unknown; 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.	1
OB/Gynecology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has not been any treatment or conservative therapy.; Pt suffer with a mass.	1
OB/Gynecology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/22/16; There has not been any treatment or conservative therapy.; 14 cm mass pelvic pain , uterial bleeding , back pain	1
OB/Gynecology	Approval	72196 MRI PELVIS	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

OB/Gynecology	Approval	72196 MRI PELVIS	<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.; The patient is a 23 year old Caucasian/White female , G O P O O O O , whose LMP is 10/16/2016 , who presents with a history of pelvic pain and pressure. ; The pelvic pain began suddenly 7 months ago and has been progressively worsening. She states the pai; There has been treatment or conservative therapy.; Pelvic pain for 7 months and USG shows adnexal mass; OCP's, ibuprofen</p>	1
OB/Gynecology	Approval	72196 MRI PELVIS	<p>5 PREV C-SECTIONS, HX OF ECTOPIC PREGNANCY, ABDOMINAL MESH, PLACENTA; PREVIA, NEED TO CHECK FOR PLACENT ACREDA, PERCREDA, AND INCREDA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</p>	1
OB/Gynecology	Approval	72196 MRI PELVIS	<p>A. Cervix, 11 o'clock, biopsy; - Squamous mucosa with acute and chronic inflammation and reactive changes.; - Scant fragment of benign endocervix.; ; B. Endocervix, curettage; - Fragments of benign endocervix; 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.</p>	1

OB/Gynecology	Approval	72196 MRI PELVIS	Cyst on left ovary; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; Cyst on left ovary	1
OB/Gynecology	Approval	72196 MRI PELVIS	MRI is see depth of invasion Abdomen and Pelvis CT is to R/O any metastases. PT is scheduled for hysterectomy for 11/22/16. PT has HX of breast cancer. In 2014 had endometrium ablation and for that reason DX is not able to evaluate endometrium with biops; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
OB/Gynecology	Approval	72196 MRI PELVIS	Rule out kidney stone; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; the Pt is pregnant, has blood in urine and low back pain. Pt has right flank pain.; Tylenol urine culture	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	2
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	2
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	8

OB/Gynecology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Liver lesion found during surgery; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	3

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abnormal ultrasound, and uterine fibroid; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	bladder pain; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	MRI is see depth of invasion Abdomen and Pelvis CT is to R/O any metastases. PT is scheduled for hysterectomy for 11/22/16. PT has HX of breast cancer. In 2014 had endometrium ablation and for that reason DX is not able to evaluate endometrium with biops; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Post op 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	previous imaging was abnormal....MD wants to r/o cyst; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit 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.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	5
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	8
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; Evaluate no other issues or cancer.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	3
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	2

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>;	3
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; 60 DOES NOT HAVE UTERUS , OVARIAN CYST THAT WAS NOT PRESENT BEFORE, ABNORMAL VAGIL BLEEDING, ABDOMINAL BLOADING ,	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; elevated cancer antigen-CA125- of 120 and endometriosis	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; endometrial cancer	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Hx of endometriosis and ovarian cyst	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Ovarian cyst	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient having abdominal pain.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pelvic pain hx of pelvic pain LAVA procedure back in March. LOA worst pain after surgery, now pain is daily and interferes with daily activity. Nsaids not helping.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown	2
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	4
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	7

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	7

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; &lt;Enter Additional Clinical Information&gt;</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases</p>	2

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; Caller does not know if there is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	3
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
OB/Gynecology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2016; There has not been any treatment or conservative therapy.; Pt suffer with a mass.	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/22/16; There has not been any treatment or conservative therapy.; 14 cm mass pelvic pain , uterial bleeding , back pain	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

OB/Gynecology	Approval	74181 MRI ABDOMEN	<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.; The patient is a 23 year old Caucasian/White female , G 0 P 0 0 0 0 , whose LMP is 10/16/2016 , who presents with a history of pelvic pain and pressure. ; The pelvic pain began suddenly 7 months ago and has been progressively worsening. She states the pai; There has been treatment or conservative therapy.; Pelvic pain for 7 months and USG shows adnexal mass; OCP's, ibuprofen</p>	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>MRI is see depth of invasion Abdomen and Pelvis CT is to R/O any metastases. PT is scheduled for hysterectomy for 11/22/16. PT has HX of breast cancer. In 2014 had endometrium ablation and for that reason DX is not able to evaluate endometrium with biops; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.</p>	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>Rule out kidney stone; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/2016; There has been treatment or conservative therapy.; the Pt is pregnant, has blood in urine and low back pain. Pt has right flank pain.; Tylenol urine culture</p>	1

OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>There is decreased signal in the periphery of the right adrenal gland; mass on the out of phase images when compared to the in phase images. This is consistent with an adrenal adenoma. The central abnormality of increased attenuation seen on the prior C; 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.</p>	1
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OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).</p>	1
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OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; 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.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	calculated life time risk of 27%, dense breast tissue, that could obscure on a mammogram; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Findings; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	has a possible discordient pathology. biopsy 9/26/16. pathology benign. Suspicious on mammogram for breast cancer, could have been a sampling error.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	her family history consists of a Maternal aunt dx at age 45 and first cousin dx at age of 50. Her tyrer-cuzick score is 20.4%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	LIFETIME RISK ASSESSMENT = 25.3% PATIENT'S SISTER WAS DIAGNOSED WITH BREAST CANCER AT AGE 44; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Mammography screening tomo report suggest that she should have a screening MRI alternating with her yearly mammograms due to her lifetime risk of breast cancer being slightly higher than 20% (she is 20.6%).; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	New diagnosed breast cancer of the right breast. MRI to evaluate extent of dx prior to surgery; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Nipple discharge recurring as of 2 weeks ago with brown discharge noted. Galactogram ordered in January 2016 was unable to be performed. MRI of the breast was then scheduled and patient cancelled due to discharge resolved at that time.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Screening due to family history of breast cancer; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	she has grandmother diagnosed at age 70 and an Aunt who was diagnosed at age 50. Her life time risk based on the Tyrer Cuzik model is 22.9%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	The patient scored a Lifetime Risk of 20.8% on the IBIS Risk Assessment calculator. Her mother was diagnosed with breast cancer at age 42.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not known if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	2
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient has a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.	2
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	2

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	5
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	2
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	3
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	unknown; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	while she only had the one 1st degree relative , it is her sister who was diagnosed at age 29 which should qualify her as meeting criteria.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	1

OB/Gynecology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
OB/Gynecology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
OB/Gynecology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	3
OB/Gynecology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	2

OB/Gynecology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
OB/Gynecology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
OB/Gynecology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for 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
OB/Gynecology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.	1

OB/Gynecology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	<p>We have referred Ms. Denton to a Neurologist, however, she won't be able to be seen until January, 2017. We are trying to give the best care possible while waiting for the specialist. Thank you.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.</p>	1
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OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>11/28/12 Vit D 26.4. Takes Vit D monthly.; Her mother died 2014.; abnl paps - 2007-2009 VAIN 1 with neg repeat pap x 3. 10/06/11 ASCUS; HPV positive. 4/9/12 LGSIL. 11/6/12 RPS: ASCUS, HPV detected. 5/7/13 pap: ASCUS. 11/7/13 ASCUS, HPV pos. 11/11/14 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/06/2016; There has not been any treatment or conservative therapy.; mid epigastric pain that hurts all the time, hurts after eating as well, but doesn't matter what she eats. She is very worried about it. Has had abd u/s, but no CT to date. Feels like it may be "down my throat", like something makes it hard to breath</p>	1
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OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient is a 59 y/o female with clinically stage 1 carcinosarcoma of the uterus who was diagnosed in May 2016. She was not a surgical candidate due to bilateral PEs so she received chemoradiation which she completed in July 2016. Dr. Zorn recommended 3 cy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain level in over a month , ultrasound on 10/11; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1

OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 22 weeks OB with recent hernia repair with mesh, Placenta previa noted on ultrasound, patient has BMI of 32 and history of 5 cesarean deliveries. Physician is checking for adherent placenta.; There has been treatment or conservative therapy.; 1. Obesity BMI 32: plan to repeat 3 hour after next visit 2. QUAD NI 3. Anatomy Previa no seen 4. Hx of hernia repair and 5 previous CD: awaiting full rec from MFM, US anterior placenta no evidence of accreta. Plan MRI once rec given  OB history grav; Bed rest and level II ultrasound	1
OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	PERFORATED UTERUS; This study is being ordered for trauma or injury.; 06/07/2016; There has been treatment or conservative therapy.; ADOMINAL AND PELVIS PAIN; OTHER TESTING CT, ULTRASOUNDS	1
OB/Gynecology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a pelvic mass.	1
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OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	11/28/12 Vit D 26.4. Takes Vit D monthly.  Her mother died 2014.  abnl paps - 2007-2009 VAIN 1 with neg repeat pap x 3. 10/06/11 ASCUS; HPV positive. 4/9/12 LGSIL. 11/6/12 RPS: ASCUS, HPV detected. 5/7/13 pap: ASCUS. 11/7/13 ASCUS, HPV pos. 11/11/14 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/06/2016; There has not been any treatment or conservative therapy.; mid epigastric pain that hurts all the time, hurts after eating as well, but doesn't matter what she eats. She is very worried about it. Has had abd u/s, but no CT to date. Feels like it may be "down my throat", like something makes it hard to breath	1
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OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a 59 y/o female with clinically stage 1 carcinosarcoma of the uterus who was diagnosed in May 2016. She was not a surgical candidate due to bilateral PEs so she received chemoradiation which she completed in July 2016. Dr. Zorn recommended 3 cy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
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OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1
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OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &Enter Additional Clinical Information>	3
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; painful intercourse,	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Severe pain with Bowel Movements and urination	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; tenderness normal u/s	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; there was a cyst found on the ovaries, Pt is continuing to have pelvic pain bilateral	1

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1
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OB/Gynecology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 22 weeks OB with recent hernia repair with mesh, Placenta previa noted on ultrasound, patient has BMI of 32 and history of 5 cesarean deliveries. Physician is checking for adherent placenta.; There has been treatment or conservative therapy.; 1. Obesity BMI 32: plan to repeat 3 hour after next visit 2. QUAD NI 3. Anatomy Previa no seen 4. Hx of hernia repair and 5 previous CD: awaiting full rec from MFM, US anterior placenta no evidence of accreta. Plan MRI once rec given  OB history grav; Bed rest and level II ultrasound	1
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OB/Gynecology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	PERFORATED UTERUS; This study is being ordered for trauma or injury.; 06/07/2016; There has been treatment or conservative therapy.; ADOMINAL AND PELVIS PAIN; OTHER TESTING CT, ULTRASOUNDS	1
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for 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
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	<p>Patient's sister was diagnosed with breast cancer at age 35.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).</p> <p>This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?</p>	1
Obstetrics & Gynecology	Approval	72196 MRI PELVIS			1
Obstetrics & Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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).</p>	1
Occupational Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Occupational Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	negative x-ray 10/2016; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 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.; home treatment documentation--- pt did home excise program didn't help the pt	1
Occupational Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Occupational Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1

Occupational Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Medications; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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
Oncology	Approval	70450 CT BRAIN, HEAD		Follow up scans to changes on last scans done in August. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		3 month follow up scans for lung cancer to rule out spread of disease. Last scans showed:1-Very mild interval enlargement of the right upper lobe lesion that continues around abnormal activity suspicious for persistent disease. 2-Diffuse osseous activity ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Diagnostic Imaging  9/29/2016 11:50 MRI Brain SJHG12 w & w/o & SPEC CLINICAL INFORMATION  , Interpretation:  FINDINGS:   1. New small nodular and linear enhancing signal abnormalities at the periphery of the left frontoparietal; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up scans to changes on most recent studies. Pt completed radiation in 3/2016. See attached notes.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Oncology	Approval	71250 CT CHEST, THORAX	3 month follow up scans for lung cancer to rule out spread of disease. Last scans showed:1-Very mild interval enlargement of the right upper lobe lesion that continues around abnormal activity suspicious for persistent disease. 2-Diffuse osseous activity ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	3
Oncology	Approval	71250 CT CHEST, THORAX	Follow up scans to changes on last scans done in August. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	71250 CT CHEST, THORAX	Follow up scans to changes on most recent studies. Pt completed radiation in 3/2016. See attached notes.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	71250 CT CHEST, THORAX	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Oncology	Approval	71250 CT CHEST, THORAX	Re-staging. Abnormal findings from previous diagnostic testing.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Oncology	Approval	72196 MRI PELVIS	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Re-staging. Abnormal findings from previous diagnostic testing.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up scans for lung cancer to rule out spread of disease. Last scans showed:1-Very mild interval enlargement of the right upper lobe lesion that continues around abnormal activity suspicious for persistent disease. 2-Diffuse osseous activity ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to changes on last scans done in August. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up scans to changes on most recent studies. Pt completed radiation in 3/2016. See attached notes.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	none; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Oncology	Approval	74181 MRI ABDOMEN	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Oncology	Approval	74181 MRI ABDOMEN	<p>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.</p>	1
Oncology	Approval	76390 Mr spectroscopy	<p>Diagnostic Imaging &#x0D; 9/29/2016 11:50 MRI Brain SJHG12 w & w/o & SPEC CLINICAL INFORMATION &#x0D; , Interpretation: &#x0D; FINDINGS:&#x0D; &#x0D; &#x0D; 1. New small nodular and linear enhancing signal abnormalities at the periphery of the left frontoparietal; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>Patient is a 46 Y F w/ a hx of Cervical Cancer dx at 24 years old and a FH of Breast Cancer: Mother dx before 50. She is here today for her initial visit for evaluation. She is currently having L Breast pain onset for about a few weeks and has felt a nodu; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; It is not know if there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).</p>	1
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.</p>	2
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>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).</p>	1

Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	3
Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	3 month follow up scans for lung cancer to rule out spread of disease. Last scans showed:1-Very mild interval enlargement of the right upper lobe lesion that continues around abnormal activity suspicious for persistent disease. 2-Diffuse osseous activity ; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1

Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1
Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Follow up scans to changes on last scans done in August. See attached clinicals.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Follow up scans to changes on most recent studies. Pt completed radiation in 3/2016. See attached notes.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Ophthalmology	Approval	70450 CT BRAIN, HEAD		visual disturbance; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	3
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	1

Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	CONTINUED EVALUATION FOR TREATMENT OPTIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2016; There has not been any treatment or conservative therapy.; OPTIC NERVE BENIGN NEOPLASM ON THE LEFT OPTIC NERVE WITH WHITISH TISSUE ON DISC AND MINIMAL SUSPICION OF EDEMA, ON THE RIGHT DISC IS RAISED WITH AN IRREGULAR EDGE AND POSSIBLE HARMARTOMA, CHOROIDAL OSTEOMA.	1
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	1
Ophthalmology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Family hx of polycythemia vera; This study is being ordered for a neurological disorder.; 11/01/2016; There has not been any treatment or conservative therapy.; Vision loss TIA	1
Ophthalmology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1

Ophthalmology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Family hx of polycythemia vera; This study is being ordered for a neurological disorder.; 11/01/2016; There has not been any treatment or conservative therapy.; Vision loss TIA	1
Ophthalmology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/3/2016; There has been treatment or conservative therapy.; EYE PAIN , LOSS OF MEM; MEDCATION	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/14/2016; There has been treatment or conservative therapy.; Headaches Irritation/Burning; Over counter Medications	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/15/2016; There has not been any treatment or conservative therapy.; DOUBLE VISON	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/11/2016; There has not been any treatment or conservative therapy.; blurred vision /	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	bitemporal/superior nerve fiber layer loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	CONTINUED EVALUATION FOR TREATMENT OPTIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2016; There has not been any treatment or conservative therapy.; OPTIC NERVE BENIGN NEOPLASM ON THE LEFT OPTIC NERVE WITH WHITISH TISSUE ON DISC AND MINIMAL SUSPICION OF EDEMA, ON THE RIGHT DISC IS RAISED WITH AN IRREGULAR EDGE AND POSSIBLE HARMARTOMA, CHOROIDAL OSTEOMA.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Disorder of pituitary gland, unspecified; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Enter answer here - or Type In Unknown If No Info Give Possible NAION, pt has optic nerve pallor and concern for mass or tumor. Mother recently DX w/ Optic Nerve Tumor; This study is 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.;	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 11/4/2016; There has been treatment or conservative therapy.; Headache, optic nerve atrophy in both eyes.; Medications	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	optic nerve edema; This study is being ordered for a neurological disorder.; 10-17-2016; There has not been any treatment or conservative therapy.; loss of vision in right eye pain around orbital region	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Pt hit her head; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has not been any treatment or conservative therapy.; pain; pressure; drainage down throat; hard to breath from rt nostril; light sensitive; hurts to open her eyes; rt sided lip numbness; teeth are hurting; nausea	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	R/O intracranial pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has been treatment or conservative therapy.; headache, color blindness, elevated optic nerve bilateral; OTC medications	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	R/o tumor;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Ruling out a stroke, and brain tumor. Patient went to her eye doctor and he sent her to this MDO.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately november 28, 2016; There has not been any treatment or conservative therapy.; vision loss. peripheral, headache.	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	2
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Unknown; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; HEADACHES	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	uveitis and papillitis; This study is being ordered for Inflammatory/ Infectious Disease.; September 2016; It is not known if there has been any treatment or conservative therapy.; blurry vision, chronic anterior uveitis, optic nerve swelling	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2-10-2016; There has been treatment or conservative therapy.; Double vision, pain in and around the eye, blurred vision and headache.; Medications	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; Optic disc edema, weight gain	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	none; This study is being ordered for Inflammatory/ Infectious Disease.; 11/2/2016; There has been treatment or conservative therapy.; Swelling, headaches; eye drops	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1

Ophthalmology	Approval	70544 Mr angiography head w/o dye	traumatic glaucoma, os  bilateral disc edema  Myopia ou  Floaters os; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; floaters, difficulty focusing and residual images from bright light sources, sinus headache, blurred vision with bright light exposure	1
Ophthalmology	Approval	70547 Mr angiography neck w/o dye	This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/3/2016; There has been treatment or conservative therapy.; EYE PAIN , LOSS OF MEM; MEDCATION	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/14/2016; There has been treatment or conservative therapy.; Headaches Irritation/Burning; Over counter Medications	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2-10-2016; There has been treatment or conservative therapy.; Double vision, pain in and around the eye, blurred vision and headache.; Medications	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/15/2016; There has not been any treatment or conservative therapy.; DOUBLE VISON	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/11/2016; There has not been any treatment or conservative therapy.; blurred vision /	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; Optic disc edema, weight gain	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; ;	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	bitemporal/superior nerve fiber layer loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Disorder of pituitary gland, unspecified; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If No Info Give Possible NAION, pt has optic nerve pallor and concern for mass or tumor. Mother recently DX w/ Optic Nerve Tumor; This study is 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.;	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches worsening, dizziness and weakness, Positive numbness hand and feet; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; 11/4/2016; There has been treatment or conservative therapy.; Headache, optic nerve atrophy in both eyes.; Medications	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; 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

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for Inflammatory/ Infectious Disease.; 11/2/2016; There has been treatment or conservative therapy.; Swelling, headaches; eye drops	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	optic nerve edema; This study is being ordered for a neurological disorder.; 10-17-2016; There has not been any treatment or conservative therapy.; loss of vision in right eye pain around orbital region	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient was found to have bilateral optic nerve edema not present on prior exams also c/o frequent headaches need to rule out pseudotumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt hit her head; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has not been any treatment or conservative therapy.; pain; pressure; drainage down throat; hard to breath from rt nostril; light sensitive; hurts to open her eyes; rt sided lip numbness; teeth are hurting; nausea	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O intracranial pressure; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has been treatment or conservative therapy.; headache, color blindness, elevated optic nerve bilateral; OTC medications	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/o tumor;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RULE OUT A; This study is being ordered for Vascular Disease.; 10/17/2016; There has not been any treatment or conservative therapy.; HEADACHE , NAUSEA ,	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ruling out a stroke, and brain tumor. Patient went to her eye doctor and he sent her to this MDO.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately november 28, 2016; There has not been any treatment or conservative therapy.; vision loss. peripheral, headache.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	5

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	traumatic glaucoma, os  bilateral disc edema  Myopia ou  Floaters os; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; floaters, difficulty focusing and residual images from bright light sources, sinus headache, blurred vision with bright light exposure	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 WEEKS AGO; There has not been any treatment or conservative therapy.; HEADACHES	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	uveitis and papillitis; This study is being ordered for Inflammatory/ Infectious Disease.; September 2016; It is not known if there has been any treatment or conservative therapy.; blurry vision, chronic anterior uveitis, optic nerve swelling	1

Ophthalmology	Approval	71250 CT CHEST, THORAX		"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Ophthalmology	Approval	71250 CT CHEST, THORAX		; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Ophthalmology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Ophthalmology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; happens once a month, started around February 2016; It is not known if there has been any treatment or conservative therapy.; headache, transient visual loss both eyes but never at the same time, lasts 2-3 mins apiece. Becoming more frequent and accompanied by headaches. positive head trauma by an airbag 10 years ago.	1
Ophthalmology	Disapproval	70450 CT BRAIN, HEAD	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.; < 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.; H/A severe and severe eye pain	1

Ophthalmology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	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.; < 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.; H/A severe and severe eye pain	1
Ophthalmology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; happens once a month, started around February 2016; It is not known if there has been any treatment or conservative therapy.; headache, transient visual loss both eyes but never at the same time, lasts 2-3 mins apiece. Becoming more frequent and accompanied by headaches. positive head trauma by an airbag 10 years ago.	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2016; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	FOLLOW UP EVALUATION OF VISUAL DISTURBANCE, VISUAL HALLUCINATIONS, HEADACHES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/10/2016; There has not been any treatment or conservative therapy.; WHITE/BLACK SPOTS IN VISION, HEADACHES, VISUAL HALLUCINATIONS	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	no change over time since initial symptoms. Normal pupillary function and eye movements.; This study is being ordered for a neurological disorder.; August 25,2016; There has been treatment or conservative therapy.; headache which afterward produced diplopia, vertigo and ear pain and tinnitus; observation; medication consisting of decongestant/antihistmine; and medrol dose pak	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 physician is not a hematologist/ oncologist.	2
Ophthalmology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Ophthalmology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;;	1

Ophthalmology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1
Ophthalmology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; On or about 2/10/2016; There has been treatment or conservative therapy.; Double vision, pain in and around the eye, blurred vision and headache.; Medications	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUED EVALUATION FOR TREATMENT OPTIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JANUARY 2016; There has not been any treatment or conservative therapy.; OPTIC NERVE BENIGN NEOPLASM ON THE LEFT OPTIC NERVE WITH WHITISH TISSUE ON DISC AND MINIMAL SUSPICION OF EDEMA, ON THE RIGHT DISC IS RAISED WITH AN IRREGULAR EDGE AND POSSIBLE HARMARTOMA, CHOROIDAL OSTEOMA.	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	FOLLOW UP EVALUATION OF VISUAL DISTURBANCE, VISUAL HALLUCINATIONS, HEADACHES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/10/2016; There has not been any treatment or conservative therapy.; WHITE/BLACK SPOTS IN VISION, HEADACHES, VISUAL HALLUCINATIONS	1

Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no change over time since initial symptoms. Normal pupillary function and eye movements.; This study is being ordered for a neurological disorder.; August 25,2016; There has been treatment or conservative therapy.; headache which afterward produced diplopia, vertigo and ear pain and tinnitus; observation; medication consisting of decongestant/antihistmine; and medrol dose pak	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; On or about 2/10/2016; There has been treatment or conservative therapy.; Double vision, pain in and around the eye, blurred vision and headache.; Medications	1
Oral/Maxillofacial	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	1
Oral/Maxillofacial	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Orthopedics	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Orthopedics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	1
Orthopedics	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		; This study is being ordered for trauma or injury.; 11/1/2015 - DATE OF ANTERIOR CERVICAL SPINE SURGERY- OCCLUSION FOUND ON 5/5/16 C SPINE MRI; There has been treatment or conservative therapy.; HEADACHES; TINCTURE OF TIME	1

Orthopedics	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; 11/1/2015 - DATE OF ANTERIOR CERVICAL SPINE SURGERY- OCCLUSION FOUND ON 5/5/16 C SPINE MRI; There has been treatment or conservative therapy.; HEADACHES; TINCTURE OF TIME	1
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Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	.This is a 34-year-old woman who is undergone both anterior and posterior cervical fusion. Her primary problem at this point is chronic and severe headaches. I am going to obtain an MRI of her brain to rule out any mass and I will plan to send her to he; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	the patient was here to follow up on her MRI of the c-spine which they saw an asymmetric bulge @ C6-7 to the right which correlates with symptoms as well as increased signal in the sella extending beyond the border of the sella turcia.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2

Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	7
Orthopedics	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	3
Orthopedics	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If No Info Given; Dr Bowen is wanting to r/o pectoralis tendon tear; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	Patient had a MRI on 12/2/16 of the right chest. The radiologist recommended the Chest CT; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Orthopedics	Approval	71250 CT CHEST, THORAX	Screening for 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.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	Approval	71550 MRI CHEST	This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1

Orthopedics	Approval	71550 MRI CHEST	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	2
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Pain in shoulder 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

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient had CT scan in California but we cannot obtain results. Related to his neck he is supposed to be seeing Dr. Burson for this, but I think he needs a CT scan of his C6 to look at this as we do not have anything that confirms the exact diagnosis an; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.	2

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	<p>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 pre-operative evaluation.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.</p>	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	<p>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.</p>	1

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; jan 2014; There has been treatment or conservative therapy.; upper and lower back pain, left leg pain; surgery	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for trauma or injury.; 11/02/16; There has not been any treatment or conservative therapy.; Pain in Thoracic and Lumbar	1

Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient is post T9-S1 fusion with L2 PSO for kyphoscoliosis now complaining of back pain. Possibility she could have developed the distal junctional pseudoarthrosis with failure of implants. Need CT before approving 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.; 11/01/2016; There has not been any treatment or conservative therapy.; Pain in her middle and lower back	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; jan 2014; There has been treatment or conservative therapy.; upper and lower back pain, left leg pain; surgery	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/12/16; There has been treatment or conservative therapy.; back and leg pain, weakness; PT, medication	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for a neurological disorder.; 02/24/2016; There has been treatment or conservative therapy.; Low back pain secondary to a spondylolysis; Diclofenac; Tylenol; Medrol Dosepak	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has been treatment or conservative therapy.; Patients pain is severe in intensity and aching, burning, piercing, throbbing in nature. Pain radiates into the left buttock, posterior lateral hip region. Patient also has numbness in the left groin region. Pain is aggravated by standing and twisting. Th; Patient has had spinal injections. Patient has taking Hydrocodone and cyclobenzaprine.	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	; This study is being ordered for trauma or injury.; 11/02/16; There has not been any treatment or conservative therapy.; Pain in Thoracic and Lumbar	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	EVALUATION OF ANY ISSUES WITH SPINAL DEFORMITY; This study is 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 YEAR HISTORY; There has been treatment or conservative therapy.; LOW BACK PAIN, TENDERNESS, X-RAY SHOWED FUSED TRANSVERSE PROCESSES AT L3-L4; PHYSICAL THERAPY WITHOUT RELIEF	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	L5-S1, There are degenerative Facet Findings, There is a lesion in the left lateral Recess and neural foramen. It appears to fill and expand the neural foramen. It appears to contact and displace multiple nerve roots, the lesion is 3x1.8x1.7cm and has i; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	Patient is post T9-S1 fusion with L2 PSO for kyphoscoliosis now complaining of back pain. Possibility she could have developed the distal junctional pseudoarthrosis with failure of implants. Need CT before approving 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.; 11/01/2016; There has not been any treatment or conservative therapy.; Pain in her middle and lower back	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	16
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	4

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.	2
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	16
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; range of motion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 9/28/2016; There has been treatment or conservative therapy.; upper and low back pain.; PT	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; 80 degree scoliosis curve limiting movement -pre surgery; PT, Bracing, HEP,	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy, anti-inflammatory, medications	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DocumenPatient is a 60-year-old male carpenter who presents for a 30 year history of back pain in the lumbar area. Really, he is here because across the past few months he has occasional syncopal episodes which he thinks may relate to his low back. He des; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2013 when we have it noted; It is not known if there has been any treatment or conservative therapy.;	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	An MRI of the cervical spine was ordered due to the location of pain and radicular symptoms. EMG/NCS reviewed shows radiculopathy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mild left upper extremity intrinsic weakness. 1st dorsal webspace atrophy.; 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
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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Burning sensation in upper back. Neck pain in trapezius that radiates to both shoulders. Lower cervical and upper thoracic spine exhibited moderate tenderness on palpation. Range of motion is limited throughout the cervical spine. Pain demonstrated with f; This is a request for cervical 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 tricep with extension of the elbow.; 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
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Orthopedics

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

CC: Left shoulder pain. Patient states pain started about one year ago after lifting cases of one liter drinks. She saw someone in Clinton and had a steroid injection. She reports increased pain x 2 weeks. Pain radiates down arm. Pain is worse with lift; 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

Orthopedics

Approval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

Current neck pain is over his trapezius muscle, right side, sharp.; C/o of constant burning pain, lateral-superior. Pain radiates over his deltoid at times.; C/o of numbness in his fingers starting with the pinkey and working its way towards the thumb when; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; positive impingement, positive O'Briens test and empty can test. Tenderness over the greater tuberosity. Right shoulder pain with ipsilateral rotation of the neck, he has burning component to his pain. Findings are consistent with rotator cuff tendinop; 80mg/cc of Depo-Medrol and 8cc of 1% plain Lidocaine was injected into the subacromial space. OTC ibuprofen, aleve. Home physical therapy

1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOLLOW UP OF ADOLESCENT IDIOPATHIC SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; PAIN ON BENDING ALL DIRECTIONS; BOSTON BRACE	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	he had an EMG showing evidence of a C7 radiculopathy, wrist extension with C7 nerve root; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; pain, weakness; steroid inj.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	I recommend MRI LT shoulder to R/O infection and MRI C/Spine for DDD and LT UE pain and numbness and tingling.; This study is being ordered for a neurological disorder.; After Surgery on Shoulder in October 13, 2016; There has been treatment or conservative therapy.; Pt is complaining of constant severe achy pain and intermittent numbness and tingling to the fingertips. She states the pain is worse now than it was before surgery. She is complaining of some C/Spine pain. She was seen in the ER on 11/27/16 for significa; Home Exercise Program, prednisone	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; The patient has had a shoulder MRI that was abnormal configuration of the acromion with down slopping medially.	1
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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI of left shoulder showing DJD, chronic inflammation, but no tear, long history of pain for 1 year, becoming worse, failed cortisone injection, anti-flammation medication, muscles reflexes, pain medication, Medrol dose pak with no relieve from 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 of the left grip of the hand as compared to the right, numbness and tingling on left side upper extremity, positive foramina closing sign; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient is experiencing decreased mobility, limited range of motion, tenderness and pain with radiculopathy to her R shoulder. Flexion, extension and lateral bending are restrictive. X-ray shows spinal stenosis, facet arthrosis at C6-7. Degenerative di; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/16; There has been treatment or conservative therapy.; severe pain in the upper, middle back and neck with radiculopathy; non-steroidal anti-inflammatory medication, lifestyle modification, spinal exercises and steroid trigger point injections	1
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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Possible Nerve Compression and previous CT of neck does not show the nerves; 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. Hayden has pain in right shoulder. He is unable to flex thumb or index finger. He also reports pain across neck and back across his shoulder region. This has been going on for 5 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.	1
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Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O ROTATOR CUFF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APPX 08/20/2016; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, RADICULAR PAIN DOWN THE LEFT ARM; INJECTION, MEDICATIONS, X-RAY OF THE SHOULDER	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	r/o scoliosis; This study is being ordered for a neurological disorder.; 10/5/2016; There has been treatment or conservative therapy.; chronic spine pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	recommend MRI C/Spine, MRI T/Spine Right wrist PAIN with concern for TFCC tear and possible DRUJ injury.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2016; It is not known if there has been any treatment or conservative therapy.; RIGHT WRIST PAIN. Concern for TFCC tear and possible DRUJ injury. States the pain goes from her shoulder blade, down her spine. She is complaining of weakness and limited ROM. She states the pain is constant and 7-8/10 in severity. She is having pain at r	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>She has chronic pain, for years that is getting worse. Pain is severe in intensity and aching piercing, sharp, throbbing in nature. She reports that she started having left arm pain about a month ago and she developed numbness. She reports that she went; This is a request for cervical 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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>She reports numbness and tingling in the ring finger and middle finger on the left hand. It starts out as numb and then starts to burn. This pain radiates down her arm into these digits. Biceps 1+, no triceps. X-rays taken today two views of the cervical ; 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.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.</p>	4

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	2
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.	5

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.	2

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	58
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; the pt has had previous surgery and is having pain the elbow and down the arm; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; X-rays of cervical spine show advanced degenerative changes at C5-C6 disc interspace with loss of cervical lordosis. She does have some swelling and spasm of left trapezius. She has no impingement signs on range of motion of her shoulder. She has some d; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	53

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	2
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	15
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	31
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Shoulder pain after MVA; No, the patient does not have new or changing neurological signs or symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tingling of both arms. Neck pain in trapezius extends into both shoulders, radiating up the back of the head, neck stiffness loosens after ordinary movements, muscle spasms in the neck, and chronic duration. The cervical spine exhibited moderate tenderness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; A foraminal compression test caused pain to radiate to the right arm with the head rotated to the right and to the left arm with the head rotated to the left.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is 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.; decrease sensation of the hand also tingling and numbness down the right arm	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; gripping issue decrease range of motion diminished bicep reflex; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Left side has reflex abnormality	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Would like to get an MRI of the cervical spine and thoracic spine. The area of concern is at the junction of both of these and only getting cervical spine or only getting thoracic spine could potentially missed the problem.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; would like to get an MRI of the cervical spine and thoracic spine. The area of concern is at the junction of both of these and only getting cervical spine or only getting thoracic spine could potentially miss the problem.; It is not known if there has been any treatment or conservative therapy.; Right upper sternal paresthesias with pain.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>xrays of lumbar spine are normal. ; ctscan of cervical spine shows sever joint spacing loss large osteophyes severe arthritis with facet hypertrophies causing what appears to be significant neuroformaminal stenosis and some central canal stenosis.; This study is being ordered for a neurological disorder.; since chronic pain 2013, no specific injury.(has seizure disorder.) gradually increased where she is having difficulty sleeping at night and function during the day.; There has been treatment or conservative therapy.; neck pain with stiffness and radiculopathy down both extremities. unable to sleep or grasp things, affects day to day living.; low back pain with bilateral radiculopathy. unable to walk for very long with out having to stop and rest because of debilitati; She has had physical therapy, Ibuprofen, change in activity level , nothing has helped it keeps getting worse. effects her driving and holding on to things. Patient has had bilateral carpal tunnel release last year but is still having worsened problems. t</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/28/16; There has been treatment or conservative therapy.; numbness, radiating pain down leg, loss of sensation in leg and foot, weakness, decreased reflexes; Nsaids, muscle relaxers, home exercises for 1 1/2 wks</p>	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 9/28/2016; There has been treatment or conservative therapy.; upper and low back pain.; PT	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; 80 degree scoliosis curve limiting movement -pre surgery; PT, Bracing, HEP,	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has been treatment or conservative therapy.; lumbar pain; radiculopathy; numbness and tingling; pt and nsaid	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2013 when we have it noted; It is not known if there has been any treatment or conservative therapy.;	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	8x4 cm mass on the left paraspinal area around T12-L1 which goes to the midline fascia. Mass is growing larger; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP OF ADOLESCENT IDIOPATHIC SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; PAIN ON BENDING ALL DIRECTIONS; BOSTON BRACE	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Bone scan shows multiple areas in her thoracic spine and upper lumbar area of increased uptake concerning for compression fractures	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.	2

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient is experiencing decreased mobility, limited range of motion, tenderness and pain with radiculopathy to her R shoulder. Flexion, extension and lateral bending are restrictive. X-ray shows spinal stenosis, facet arthrosis at C6-7. Degenerative di; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/16; There has been treatment or conservative therapy.; severe pain in the upper, middle back and neck with radiculopathy; non-steroidal anti-inflammatory medication, lifestyle modification, spinal exercises and steroid trigger point injections	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	r/o scoliosis; This study is being ordered for a neurological disorder.; 10/5/2016; There has been treatment or conservative therapy.; chronic spine pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	recommend MRI C/Spine, MRI T/Spine Right wrist PAIN with concern for TFCC tear and possible DRUJ injury.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2016; It is not known if there has been any treatment or conservative therapy.; RIGHT WRIST PAIN. Concern for TFCC tear and possible DRUJ injury. States the pain goes from her shoulder blade, down her spine. She is complaining of weakness and limited ROM. She states the pain is constant and 7-8/10 in severity. She is having pain at r	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	10
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Would like to get an MRI of the cervical spine and thoracic spine. The area of concern is at the junction of both of these and only getting cervical spine or only getting thoracic spine could potentially missed the problem.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; would like to get an MRI of the cervical spine and thoracic spine. The area of concern is at the junction of both of these and only getting cervical spine or only getting thoracic spine could potentially miss the problem.; It is not known if there has been any treatment or conservative therapy.; Right upper sternal paresthesias with pain.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/28/16; There has been treatment or conservative therapy.; numbness, radiating pain down leg, loss of sensation in leg and foot, weakness, decreased reflexes; Nsaids, muscle relaxers, home exercises for 1 1/2 wks	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 9/28/2016; There has been treatment or conservative therapy.; upper and low back pain.; PT	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; birth; There has been treatment or conservative therapy.; 80 degree scoliosis curve limiting movement -pre surgery; PT, Bracing, HEP,	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/2016; There has been treatment or conservative therapy.; lumbar pain; radiculopathy; numbness and tingling; pt and nsaid	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10/12/16; There has been treatment or conservative therapy.; back and leg pain, weakness; PT, medication	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 02/24/2016; There has been treatment or conservative therapy.; Low back pain secondary to a spondylolysis; Diclofenac; Tylenol; Medrol Dosepak	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2013 when we have it noted; It is not known if there has been any treatment or conservative therapy.;	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	8x4 cm mass on the left paraspinal area around T12-L1 which goes to the midline fascia. Mass is growing larger; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Based off the patients symptoms there is concern for spinal stenosis with possible bulging disk. For the hip there is concern for AVN. X-ray was non diagnostic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports the back/leg pain has been going on for quite sometime as well as the hip pain.; There has been treatment or conservative therapy.; ; Patient has tried OTC NSAIDS as well as home therapy exercises	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVALUATION OF ANY ISSUES WITH SPINAL DEFORMITY; This study is 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 YEAR HISTORY; There has been treatment or conservative therapy.; LOW BACK PAIN, TENDERNESS, X-RAY SHOWED FUSED TRANSVERSE PROCESSES AT L3-L4; PHYSICAL THERAPY WITHOUT RELIEF	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOLLOW UP OF ADOLESCENT IDIOPATHIC SCOLIOSIS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2015; There has been treatment or conservative therapy.; PAIN ON BENDING ALL DIRECTIONS; BOSTON BRACE	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>HPI: Anthony presents to clinic today for his low back. Patient reports buttock pain that radiates down his right leg into his foot with numbness and tingling. He reports his pain being constant and takes tramadol. In September he had around his steroids; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient is very limited mobility of his back. He cannot bend to the left of midline because of pain. No real tenderness in the back but he is tender in the sciatic notch. No instability to his back. &#x0D; No weakness in the back.&#x0D; On examination of the bi</p>	1
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>L5-S1, There are degenerative Facet Findings, There is a lesion in the left lateral Recess and neural foramen. It appears to fill and expand the neural foramen. It appears to contact and displace multiple nerve roots, the lesion is 3x1.8x1.7cm and has i; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower back pain on the right, on the left, is chronic is intermittent, and chronic duration. The lower back exhibited moderate midline tenderness on palpation. Range of motion is limited throughout the lumbar spine. Pain demonstrated mildly with flexion 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.; 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
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower back pain radiating to both buttocks. Lumbar spine painful on movement that is relieved with lying down, by frequent position changes while sitting, and chronic duration. The lower back exhibited moderate right paraspinal tenderness on palpation. 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.; 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
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower extremity pain. I think this man may have a disc lesion or spinal stenosis causing this pain.; MRI scan lumbar spine.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lumbar mri to eval left leg radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lbp w left leg radiculopathy, treated w nsoids, PT, and steroids w no improvement; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has had back problems since 1998 and is progressively getting worse. lying down makes it worse and has some tingling and numbness down to the ankle. he has weakness in the left ankle.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has persistant pain in the bilateral lumbar and bilateral legs with weakness and numbness of both. symptoms include balance disturbances, decreased mobility, disequilibrium, gait disturbance, numbness, spasms, tenderness, tingling and weakness in; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient has right sided weakness of lower extremity; 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 than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient was recommended home exercise program and oral analgesics from family physician. Patient did not experience any relief. Ortho referral was made.</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>patient pain is worsening she has tried Ultracet with no relief. Nothing is making it better; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Probable chronic rotator cuff tear of the left shoulder. Back pain history of rectal carcinoma.   RECOMMENDATION from the Dr. MRI scan left shoulder. MRI scan lumbar spine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states he has had this pain for quite some time now.; There has been treatment or conservative therapy.; Patient states he has been having pain and soreness stiffness of his left shoulder and neck for quite some time.; Patient has started doing a home stretching program.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT and meds. Chronic Back Pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	r/o scoliosis; This study is being ordered for a neurological disorder.; 10/5/2016; There has been treatment or conservative therapy.; chronic spine pain; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiating pain from low back all the way down to left foot. All activities of daily living have become more difficult. Nothing seems to relieve the pain. Pain is constant stabbing, shooting, tingling and numbness in left foot.; 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.; low back pain radiating into left hip, buttock, thigh, calf and foot. Constant sharp, shooting, stabbing pain. Left leg has given out several times causing her to fall. All activities of daily living becoming more difficult. All tests performed by the; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	2
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does 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

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	15
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	2
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	183
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	38
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	3
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	64
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This is a 44-year-old woman who underwent a lumbar fusion at L5-S1 7 months ago. She had been doing well until approximately 3 days ago when she developed acute onset right lower extremity pain and low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	xrays of lumbar spine are normal. ; ctscan of cervical spine shows sever joint spacing loss large osteophyes severe arthritis with facet hypertrophies causing what appears to be significant neuroformaminal stenosis and some central canal stenosis.; This study is being ordered for a neurological disorder.; since chronic pain 2013, no specific injury.(has seizure disorder.) gradually increased where she is having difficulty sleeping at night and function during the day.; There has been treatment or conservative therapy.; neck pain with stiffness and radiculopathy down both extremities. unable to sleep or grasp things, affects day to day living.; low back pain with bilateral radiculopathy. unable to walk for very long with out having to stop and rest because of debilitati; She has had physical therapy, Ibuprofen, change in activity level , nothing has helped it keeps getting worse. effects her driving and holding on to things. Patient has had bilateral carpal tunnel release last year but is still having worsened problems. t	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 2016; There has been treatment or conservative therapy.; Patients pain is severe in intensity and aching, burning, piercing, throbbing in nature. Pain radiates into the left buttock, posterior lateral hip region. Patient also has numbness in the left groin region. Pain is aggravated by standing and twisting. Th; Patient has had spinal injections. Patient has taking Hydrocodone and cyclobenzaprine.</p>	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>1. Healing left superior and inferior pubic rami fractures which are nondisplaced.; 2. Calcified uterine fibroids.; 3. Degenerative changes lower lumbar spine grade 1 spondylolisthesis; L4-5 level.; 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.</p>	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>AVN pre-op evaluation; This study is being ordered due to known or suspected vascular disease.; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; This is a request for a Pelvis CT.</p>	1

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	follow up ct from a trauma 6 weeks ago. They need this CT to see if the patient will be able to weight bear. Patient has a fractured pelvis, and CT is the only way to view it.; 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.	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	none; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is in severe pain, had previous injury, Tylenol -did not help; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Orthopedics	Approval	72196 MRI PELVIS		1
Orthopedics	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Orthopedics	Approval	72196 MRI PELVIS	; 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
Orthopedics	Approval	72196 MRI PELVIS	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Orthopedics	Approval	72196 MRI PELVIS	Pain is mild in intensity and aching, dull in nature. Pain is getting better. Pain radiates into the right lateral hip region but not down the leg. Positive for for tingling in the hip region. Pain is aggravated by lying in bed and prolonged sitting. Sh; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	post op follow up from piriformis tendon release surgery and patient having persistent 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
Orthopedics	Approval	72196 MRI PELVIS	severe low back pain with radiculopathy. Lumbar MRI negative. Patient has radiculopathy but no obvious causation of the lumbar spine. request imaging of the pelvis; 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

Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	3
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	7
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	3
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 04/2016; There has not been any treatment or conservative therapy.; He states that since that time he has had progressive pain and disability in his bilateral shoulders and has had more and more difficulty with range of motion. He states the pain is constant. He states he has decreased range of motion to both shoulders	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 9/23/16; It is not known if there has been any treatment or conservative therapy.;	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	Cortizone injections, Two previous orthopedic specialists, has had 7 shoulder dislocations, went to ER for shoulder dislocation two weeks ago, had attempted closed reduction, unsuccessful. In a sling now. On tylenol did not help. Taking stronger medication; This study is being ordered for trauma or injury.; 2/2015; There has been treatment or conservative therapy.; Shoulder dislocation, pain, shoulder instability, weakness Tingling down to the fingers; Physical therapy	1

Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	Osteochondroma; This study is being ordered for trauma or injury.; 8/18/16; There has been treatment or conservative therapy.; Stiffness pain on rotation decreased limited range of motion; PT 9/2016 Home exercise Hydrocodone 8/16-11/16	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	pre-op evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Long standing duration.; There has been treatment or conservative therapy.; decreased rom; radiating pain; affected at night; problem with lifting; 4wks pt	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	56
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	9
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.	6

Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		2
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	he had an EMG showing evidence of a C7 radiculopathy, wrist extension with C7 nerve root; This study is being ordered for a neurological disorder.; 2013; There has been treatment or conservative therapy.; pain, weakness; steroid inj.	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	28
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	15

Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2015; 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 >;	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/2016; There has been treatment or conservative therapy.; tenderness, pain; medication	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy, anti-inflammatory, medications	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October2014; There has not been any treatment or conservative therapy.; Shoulder dislocation	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; Pt suffers with bi-lateral pain, positive signs Hawkins, Neers and weakness.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 10-9-16; There has been treatment or conservative therapy.; shoulder pain; wrist pain on lifting things; unknown	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/23/16; There has been treatment or conservative therapy.; pain stiffness LRM burning; HEP/medications	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; He had an intramuscular steroid injection but this did not help. He is using ice and anti-inflammatory medication as well as heat as well as home exercises for a few weeks.; The patient received oral analgesics.</p>	1
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; 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.; The patient received oral analgesics.</p>	1
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; 05/05/2015; There has been treatment or conservative therapy.; ; over the counter NSAIDs, therapy	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; 052616; There has been treatment or conservative therapy.; Bilateral shoulder chronic pain along with numbness, and tingling;	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown If No &#xOD; 10 years ago fracture clavicle and has bilateral shoulder pain for years; There has been treatment or conservative therapy.;;	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; April 2016; There has been treatment or conservative therapy.; Significant swelling and possible cyst formation on the dorsum of both wrists just distal to the joint itself. There is a fair amount of swelling/full collection in this area. She does have some tenderness to palpation as well.; Injections, NSAIDs	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.; Pain right and left shoulders, decreased ROM, nocturnal pain. Ruling out bilateral rotator cuff tears due to fall.; Patient has done home physical therapy and taken OTC NSAIDs since accident without any improvement.	2

Orthopedics

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

A 51-year-old female seen in consultation at the request of Dr. Snyder, has chief complaint of left shoulder pain. She fell on a grocery store 03/2016 and injured the left shoulder. Since that time, she has had pain with elevation, which is sharp and severe; This study is being ordered for trauma or injury.; MARCH 03/08/2016; A 51-year-old female seen in consultation at the request of Dr. Snyder, has chief complaint of left shoulder pain. She fell on a grocery store 03/2016 and injured the left shoulder. Since that time, she has had pain with elevation, which; There has been treatment or conservative therapy.; SHOULDER PAIN; Pain with elevation, which is sharp and severe at a level of 8 on a scale of 0 to 10. Pain is worse with lifting, night pain and night waking. ; She has a secondary complaint of a mass over the right shoulder. She states she had a remote injury; Aleve for several months and BC Powder for several months without improvement in her symptoms. ; Physical Therapy

2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Bilateral chronic shoulder pain that began in July 2016. He has tried physical therapy, home exercises, and anti-inflammatories with continued pain. Bilateral MRI arthrograms are ordered to evaluate bilateral labrums for tears.; This study is being ordered for trauma or injury.; initial onset- 07/01/2016; There has been treatment or conservative therapy.; Bilateral shoulder pain, he has dislocated the left shoulder and subluxed the right shoulder, decreased strength in bilateral shoulders.; He had physical therapy in October 2016 and he has also been doing home exercises since September 2016, he has taken anti-inflammatories.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Chronic shoulder 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.; unknown; It is not known if there has been any treatment or conservative therapy.; Chronic shoulder pain.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Cortizone injections, Two previous orthopedic specialists, has had 7 shoulder dislocations, went to ER for shoulder dislocation two weeks ago, had attempted closed reduction, unsuccessful. In a sling now. On tylonol did not help. Taking stronger medicatio; This study is being ordered for trauma or injury.; 2/2015; There has been treatment or conservative therapy.; Shoulder dislocation, pain, shoulder instability, weakness Tingling down to the fingers; Physical therapy	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Current neck pain is over his trapezius muscle, right side, sharp. C/o of constant burning pain, lateral-superior. Pain radiates over his deltoid at times C/o of numbness in his fingers starting with the pinky and working its way towards the thumb when; This study is being ordered for a neurological disorder.; 2008; There has been treatment or conservative therapy.; positive impingement, positive O'Briens test and empty can test. Tenderness over the greater tuberosity. Right shoulder pain with ipsilateral rotation of the neck, he has burning component to his pain. Findings are consistent with rotator cuff tendinop; 80mg/cc of Depo-Medrol and 8cc of 1% plain Lidocaine was injected into the subacromial space. OTC ibuprofen, aleve. Home physical therapy</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>difficulty lifting heavy objects, started PT on 11/11/16. had steroid injection on 10/19/16; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Disorder of rotator cuff, Dislocation of acromioclavicular joint, weakness, Inspection Left: no atrophy or swelling and AC prominence exaggerated. Bony Palpation Left: tenderness of the acromioclavicular joint. Soft Tissue Palpation Left: tenderness of th; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	I recommend MRI LT shoulder to R/O infection and MRI C/Spine for DDD and LT UE pain and numbness and tingling.; This study is being ordered for a neurological disorder.; After Surgery on Shoulder in October 13, 2016; There has been treatment or conservative therapy.; Pt is complaining of constant severe achy pain and intermittent numbness and tingling to the fingertips. She states the pain is worse now than it was before surgery. She is complaining of some C/Spine pain. She was seen in the ER on 11/27/16 for significa; Home Exercise Program, prednisone	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder pain and weakness despite maximum nonoperative modalities. Rule out rotator cuff tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder was tender on palpation motion was abnormal full forward flexion with marked pain past 90 abduction full. External rotation to 30, Marked 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	It shoulder pain. Patient has taken aleve for the pain the pain is a 7 out of 10 which is sharp; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	n./a; This study is being ordered for trauma or injury.; 07/2016; There has been treatment or conservative therapy.; pain, xray showed rupture in knee, need to find out the extent, left shoulder trying to determine rotator cuff tear; otc medications, trying to handle it themselves, then dr did an xray	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has been treatment or conservative therapy.; tendonitis to bilateral shoulders; PT-4 weeks and home therapy</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>on 12/25/16 patient fell down stairs, grabbed the railing to try to stop the fall and pulled her shoulder. She has not been able to raise arm above head and even keeping it at her side she still has constant pain. xrays are normal. NSAIDS and activity modi; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>PAIN; 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient fell and injured his left wrist after just having surgery on it 4 weeks prior.; 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.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient fell on 11-29-16 and landed on her right wrist and bilateral knees. Patient complaining of continued ulnar wrist pain. X-rays on 12/15/16 and within normal limits; no obvious fractures. The TFCC (traingular fibrocartilage complex ligament), snufbo; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient has a probable left wrist ganglion cyst. Left wrist MRI for further evaluation of the mass/cyst and for exact location of cyst for cyst removal/excision. Surgery has not been scheduled, yet.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient has previously had conservative treatment before being seen in our office. She had physical therapy, home exercises, injections, and taking anti-inflammatories. Her exam is consistent with rotator cuff tearing. She has constant pain and limited r; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient in rollover car accident. Arm trapped under car for over 1 hour. dislocation repaired but still having pain, swelling very limited range of motion. X rays negative for fracture.; 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient is a 40-year-old female. &#x0D; &#x0D; &#x0D; This well-developed, well-nourished female is in no acute distress. Inspection of left shoulder reveals no swelling, atrophy or skin lesions. Palpation reveals tenderness at the AC joint. She has full active range of; 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Patient was seen for the first time on 11/8/16. He had previously had physical therapy in 2005 and again in 2015. He has constant pain and pain with physical activities. He has a soft tissue prominence over the humeral head, which could represent a subacr; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Probable chronic rotator cuff tear of the left shoulder. Back pain history of rectal carcinoma. &#x0D; &#x0D; RECOMMENDATION from the Dr. MRI scan left shoulder. MRI scan lumbar spine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states he has had this pain for quite some time now.; There has been treatment or conservative therapy.; Patient states he has been having pain and soreness stiffness of his left shoulder and neck for quite some time.; Patient has started doing a home stretching program.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>pt c/o left shoulder pain after falling off of a skateboard on 10/2/15; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Pt states he believe he separated this shoulder in the past. The pain is described as sharp, achy pain that is constant and 7 out of 10 in severity. &#x0D; The pain is worse with overhead activity and reaching behind and better with rest and medications. &#x0D; .C; 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.</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	R/O ROTATOR CUFF; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; APPX 08/20/2016; There has been treatment or conservative therapy.; LEFT SHOULDER PAIN, RADICULAR PAIN DOWN THE LEFT ARM; INJECTION, MEDICATIONS, X-RAY OF THE SHOULDER	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	recommend MRI C/Spine, MRI T/Spine Right wrist PAIN with concern for TFCC tear and possible DRUJ injury.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/22/2016; It is not known if there has been any treatment or conservative therapy.; RIGHT WRIST PAIN. Concern for TFCC tear and possible DRUJ injury. States the pain goes from her shoulder blade, down her spine. She is complaining of weakness and limited ROM. She states the pain is constant and 7-8/10 in severity. She is having pain at r	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	recommend MRI C/Spine, MRI T/Spine, and MRI LT 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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	right shoulder pain since February 2016, failing conservative treatment. Exam consistent with rotator cuff tear. X rays inconclusive.; 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.; PCP ordered HEP and medication and when that has not helped, she was referred to ortho.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	She has had conservative treatment directed by other doctors before coming to our office. We first saw her on 11/22/16. She has had physical therapy, massage therapy, chiropractic therapy, taken over the counter medication and prescription medication, and; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Study is being ordered to rule out muscular/tendon 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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	suspected rotator cuff tear, severe tenderness, spasm, increase pain at night; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; < Enter answer here - or Type In Unknown If No Info Given. >	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; 09/22/2016 FELL OFF OF TRACTOR UNTO HIS SHOULDER, DECREASED MOBILITY, LOCKING, PAIN, NUMBNESS, POPPING, TINGLING IN THE ARMS AND WEAKNESS, DIFFICULTY SLEEPING, R/O ROTATOR CUFF TEAR, LOSS OF MOTION AND LACK OF STRENGTH, X-RAY 10/03/2016 SHOWS MILD A/C ART	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; acute injury for the right shoulder, might be considered a surgical candidate, loss of use	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Bicep Tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; fall 4 weeks ago- severe pain 8 out of 10. Limited ROM	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Fell on 10/28/2016, dislocated shoulder, tingling in his left hand. A focus exam was performed, weakness and positive cross arm test, negative for fracture and possible rotator cuff.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Injury to right shoulder on 11/13/16 while trying to get up from a seated position, pt. felt pain in her shoulder. Patient complains of constant pain, limited ROM, popping, swelling, nocturnal pain and awakening, numbness and tingling. MRI right shoulder	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; LEFT SHOULDER PAIN	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; left shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; nontraumatic rupture of left rotator cuff tendon	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has right shoulder pain and weakness. Positive Jobses Impingement, Positive Hawkins Impingement, Biceps provocation signs	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient is not able lift with R shoulder. Very weak on supraspinatus testing. Painful impingement provocative positions. suspect supraspinatus defect	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient states that the pain came suddenly and very, very severe. Pts has decreased range of motion, positive Neer and positive Hawkins.X-ray shows impingement type anatomy with type III acromion on the right. There are also significant degenerative cha	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; PT HAS SUSPECTED ROTATOR CUFF TEAR. PT HAS PAIN OVER ANTERIOR SOFT TISSUES AND MARKED TENDERNESS OVER PROXIMAL BICEPS. PAIN WITH OBRIENS TESTING. PAIN AT NIGHT AND WITH OVERHEAD ACTIVITY. PT DID HAVE A CORTISON INJECTION WHICH ONLY HELPED FOR A COUPLE OF	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt is post-op and was doing PT there an accident in PT that resulted in a loss of function and the MDO is ruling out another tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; r/o a rotator cuff tear	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Rotator Cuff Tear	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; seeing off and on for pain and sore ness	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear based of physical exam	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Suspected Rotator Cuff Tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; had injections in shoulder but didn't give any relief ,	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Left shoulder pain he has had prior surgery on that shoulder but still having pain. which the pain has increased even without any type of movement. Patient has tried steroid injection which only relieved the pain less than 24 hours.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient has taken Ibuprofen for the pain with no relief . Immobilization makes it better. The pain is dull and sharp and is a 4 out of 10	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; The patient's history and exam are c/w a possible rotator cuff tear; Recommend an MRI (left) shoulder to rule out internal derangement due to failure of conservative management to include medication and rehab.; F/u after the MRI	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	445
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 11/12/2016:; HISTORY OF PRESENT ILLNESS: Patient presents today with a new problem to her left shoulder. This started 5 days ago. There is no specific history of trauma. She is complaining of pain in the anterior aspect of her left shoulder. This is worse	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; construction injury; r/o facet tear; r/o rct; hyper extension to r arm; worsening	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; impingement	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain times three months with grossly limited range of motion. suspected labral tear and biceps tendon tear. tenderness to palpation left shoulder.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient had rotator cuff repair in 2010 and has now reinjured the right shoulder 2 weeks ago.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Right shoulder pain. Possible rotator cuff tear, possible cervical radiculitis   HISTORY OF PRESENT ILLNESS: Presents today for right shoulder pain. This is been bothering him for the last month. He has a previous history of a left rotator cuff tear. H	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; SYMPTOMS: PAIN, SWELLING, DECREASED MOBILITY, JOINT TENDERNESS, POPPONG, PAINFUL RANGE OF MOTION, ATROPHY, AND CREPITUS. TINGLING AND NUMBNESS IN FINGERS. ROTATOR CUFF - HAWKINS - POSITIVE. CROSS BODY- POSITIVE.STRENGTH TEST-EXTERNAL ROTATION - ABNORMAL. SUP	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Taking Medication	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; THROWING INJURY - POSSIBLE SLAP TEAR  HISTORY OF PRESENT ILLNESS: Referred here today for right shoulder pain. He injured his right shoulder several months while throwing. He has had a repeat injury since that time. He is right-hand-dominant. He has had	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	12
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	5

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if there are documented findings of pain.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; < Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient is experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	18

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).";	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; .She has discomfort with shoulder motion. She has no dysrhythmia. She has pain with impingement test and pain with cross body abduction. Marked tenderness over the AC joint	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; A.C. Joint provocative tests are positive. Impingement signs are positive. Tenderness to palpation over anterolateral acromion. Mild pain with ROM.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Joseph Meeks continues to complain of left shoulder pain. I had done a left shoulder arthroscopy, debridement of labral repair on 03/02/16. He has had to do pushups before and had difficulty. I injected him on 09/15/16, did not make it better. He is	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; PT. COMPLAINING OF SHOULDER PAIN THAT STARTED IN FEBRUARY 2016. HAS HAD MEDROL DOSE PACK AND STEROID INJECTION WITHOUT RELIEF. POSSIBLE ROTATOR CUFF TEAR.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; right shoulder pain.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; She has positive impingement sign at 80 degrees of abduction and only minimally at 170 degrees of forward flexion.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; She still has pain with Hawkins and impingement maneuver. She still has pain with supraspinatus maneuver. There is no warmth, erythema or swelling. She does have some tenderness along the AC joint. Her speed test was equivocal.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Strength: Supraspinatus/Infraspinatus/Subscapularis strong/weak/strong  A.C. Joint provocative tests are negative. Impingement signs are positive.  Tenderness to palpation over anterolateral acromion.  Mild pain with ROM.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is described as achy pain that is intermittent and 6 out of 10 in severity. The pain is worse with overhead activity and reaching behind and better with rest and medications. She takes Mobic. Pt states it feels similar to when we saw her in 2</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with over use and better with no use. She has previously been to therapy on this shoulder. A.C. Joint provocative tests are positive. Impingement signs are positive. Mild pain with ROM.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with overhead activity and reaching behind and better with rest and medications. Pt takes Norco for pain. She states the biceps is the most painful area. Outside x-rays show moderate AC arthritis, type 2 acromion, and tremendous calcif</p>	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with overhead activity, reaching behind and lifting and better with rest. No numbness and tingling is noted. She has been doing at home physical therapy, and had an injection on 3/28/16 which she states helped tremendously. She recently	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.;	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; < answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; I recommend a MRI for impingement to R/O labral tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; MRI to R/O RCT.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; MRI to R/O RCT. The pain is described as sharp, achy pain that is intermittent and 7 out of 10 in severity. ; The pain is worse with overhead activity and reaching behind and better with rest.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; MRI will be used to determine if surgery will be completed using a scope or open	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; pain in left shoulder.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; PATIENT HAS SEVERE PAIN, HAWKINS TEST IS POSITIVE, SPEED AND O'BRIEN ARE POSITIVE, POSITIVE APPREHENSION SIGN WITH PAIN. POSTERIOR LOSEE TEST IS POSITIVE. XR SHOW TINY CYSTS IN TEH INFERIOR GLENOID AND A POSSIBLE LOSS OF JOINT SPACE.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; PT PRESENT WITH LEFT SHOULDER PAIN X 2 YEARS. HE INDICATES POPPING AND CLICKING WITH ROM.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommend a MRI for impingement syndrome. R/O RCT.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommend a MRI for impingement to R/O RCT	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommend a MRI for internal derangement and follow-up for the results.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommend a MRI to R/O RCT	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; recommended MRI to R/O labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; RTC RT SHOULDER MRI	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; Subacromial Bursitis/Impingement, Probable left rotator cuff repair.  Plan: MRI of left shoulder	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; There may be a rotator cuff tear associated with this.significant anterior shoulder pain and pain with overhead activities since that time. He rates his pain 10 on a 10 point scale   RECOMMENDATION: MRI scan right shoulder.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; This patient is seen today for their intitial evaluation of progressive stiffness and soreness of the right shoulder. This patient is noted stiffness soreness of his right shoulder which is developing and has progressed over the last several years. He h	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	15
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; < Enter answer here - or Type In Unknown If No Info Given. >	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; : This is a pleasant 48-year-old female who has had right shoulder pain. This has been pain that is present for 5 days. She was involved in a car wreck where someone ran a stoplight and hit her. She also had left ring finger pain. This has been persi	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; apprehension test positive, with positive anterior relocation. Looking for labral tear due to an anterior dislocation x2. Pt has pain with movement	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Examination of his shoulder shows no warmth or erythema. Good range of motion of shoulder. He has pain with cross body abduction, mild pain with impingement. Muscle strength is grossly intact. He does have some mild swelling and tenderness around the	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; HPI: Karen presents to clinic for her left shoulder with x-rays today. She states she doesn't recall an injury but her shoulder started bothering her a little over 1 year ago. She states the pain is an intense ache to the upper arm and lateral shoulder th	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Impingement test positive, positive Obriens test, weakness, limited ROM	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; James Fielder comes back on his right shoulder, proximal arm pain. Therapy did help a little bit of his treatment with regards to his range of motion. He is still tender in the region of the proximal biceps and get an MRI to look for definitive etiology	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Left shoulder dislocation, rule out Bankart lesion	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Likely rotator cuff tear in L shoulder	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; N/A	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT HAD NO PAIN PRIOR TO THE MVA . PATIENT HAS PAIN WITH FORWARD ELEVATION AND EXTERNAL ROTATION.SHE HAS SUBACROMIAL TENDERNESS BICEP TENDERNESS PAIN WITH DLS SHE HAS HAD MELOXICAM WITH NO RELIEF.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT HAS PAIN AND WEAKNESS IN LEFT SHOULDER. HAS CONTINUED PAIN AFTER CONSERVATIVE TREATMENT-NSAIDS, STEROID INJECTION, ORAL STEROIDS, PHYSICAL THERAPY, AND NARCOTICS. REASON FOR STUDY- ROTATOR CUFF TEAR.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PATIENT HAS RE INJURED HIS LEFT SHOULDER. HE WAS LIFTING AN OBJECT AND HEARD A LOUD POP. PATIENT HAD ROTATOR CUFF AND BICEP TENDONITIS EARLIER THIS YEAR. PATIENT DID HAVE A MRI OF THE LEFT SHOULDER A FEW DAYS AGO, BUT DR MITCHELL IS NEEDING A MRI ARTHROGR	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Physical Examinations: Left shoulder: there is restricted active range of motion, there is apprehension with abduction; external rotation, positive crank test, external rotation possible with posterior directed force to humeral head; neurovascular i	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Right shoulder anterior dislocation with resultant instability.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; right shoulder dislocation with pain and instability	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; She has a ganglion cyst on her AC joint and has had shoulder pain for over two years. MRI is ordered to evaluate the cyst and to evaluate for other pathologies.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; She has pain in her right shoulder for six months. The patient denies any known trauma to her the shoulder. The patient has been treated by her primary care physician with an injection back in May, which helped for several months. It just started hurti	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; suspected rct; extreme pain w/overhead lifting; has had HEP; weakness	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; unknown	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.;	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; It is not known if there are physical findings of a palpable mass or a known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; < Enter answer here - or Type In Unknown If No Info Given. >; The patient has not had a recent CT of the shoulder.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient has not had a recent CT of the shoulder.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain films were not normal.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	17
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	6
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	7

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; This study is being ordered prior to arthroscopic surgery.; Labral Tear; < Enter answer here - or Type In Unknown If No Info Given. >	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The study is not requested for shoulder pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	28
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has 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.	13

Orthopedics

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

1

Orthopedics

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Orthopedics Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

4

Orthopedics Approval 73221 MRI JOINT OF UPPER
EXTREMITY

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

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18

Orthopedics

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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	3
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; 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.; No improvement; for the last month or so; Antibiotics; Tylenol, Aleve.; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-4 months ago; There has not been any treatment or conservative therapy.; Pain with motion, popping, clicking,	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	will fax clinicals; This study is being ordered for trauma or injury.; suspected rotator cuff tears from injury on March 1, 2016.; There has been treatment or conservative therapy.; weakness in bilateral upper extremities, cant lift arms above head, positive impingement maneuvers.; RICE, change in activity, physician supervised physical therapy, injections, NSAIDS all have failed. Patient in worse pain.	2

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy, medications	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/08/2016; There has been treatment or conservative therapy.; Pain and swelling; Meds, Been in a brace,	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Bilateral ankle pain and discomfort/limited range of motion/post-traumatic changes in the tibiotalar more so on the left/subtalar arthrosis; This study is being ordered for trauma or injury.; 7/3/2014; There has been treatment or conservative therapy.; Bilateral ankle pain, post-traumatic arthritis; Activity modification. Anti-inflammatories.	2

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	15
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1

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73700 CT LEG OR LOWER EXTREMITY

This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.	13

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	5
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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	6
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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	28
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	4
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	12
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	3

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	8
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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Triple arthrodesis 09/15/2016 with secondary infection. Her wounds all closed now. We will continue taking antibiotics. She will stop taking the ones causing nausea. X-rays today show maintenance of satisfactory position and alignment. There is a lot of r; This study is being ordered for a neurological disorder.; Patient has cerebral palsy.; There has been treatment or conservative therapy.;	2
Orthopedics	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Triple arthrodesis 09/15/2016 with secondary infection. Her wounds all closed now. We will continue taking antibiotics. She will stop taking the ones causing nausea. X-rays today show maintenance of satisfactory position and alignment. There is a lot of r; Triple arthrodesis 09/15/2016 with secondary infection. Her wounds all closed now. We will continue taking antibiotics. She will stop taking the ones causing nausea. X-rays today show maintenance of satisfactory position and alignment. There is a lot of r	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Yes, this is a request for CT Angiography of the lower extremity.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the 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.; LEFT ANKLE INJURED ON 10/31/15. RIGHT ANKLE INJURY ON 2/18/16. SYMTOMS:PAIN,SWELLING,DECREASED MOBILITY, JOINT INSTABILITY, JOINT TENDERNESS, POPPING, AND WEAKNESS. PATIENT TRIED AND FAILED MELOXICAM, FORMAL PT, TIME, ACTIVITY MODIFICATION, AND BRACING.; This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the 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 pt has tibial tendonitis and pain in both ankles; This is a request for a bilateral ankle MRI.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; knee pain that begin 9/18/16 with no known truama; tramadol home exercises	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/2015; 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 >;	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Congenital Anomaly.; ; There has been treatment or conservative therapy.; ;	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; 12/30/15; There has been treatment or conservative therapy.; continued pain and swelling now over 5th metatarsal with appearance of blister over left foot; amputation of 2nd toe on left 12/30/15. Dressing changes.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; Pain, Catching, giving way; Injectons, nsaid	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years ago.; There has been treatment or conservative therapy.; pain in bilateral knees for over 6 weeks, conservative treat has not made it better. has crepitus, positive mcmurrays, lateral tracking. having trouble with stairs, walking,pain keeps him up at night.; physical therapy for over six weeks failed, xrays show degenerative joint disease.NSAIDS have failed. Pain meds not working any longer. RICE for over 6 weeks not working, pain getting a lot worse. suspected meniscus tears also.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states has had bilateral knee pain for many years.; There has been treatment or conservative therapy.; The patient reports both of his knees are painful and he has trouble getting comfortable at night. He had a previous medial meniscus injury in his right knee which he had surgery on and reports he is having similar symptoms in the left knee. In the right ; Hydrocodone, Naproxen, Medrol Dosepak, Tramadol</p>	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>10.21.16 a tractor tire rolled over patients foot. suspected fracture and also eval for tendon injury; 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>11.16.16 pt fell. calaneofibular ligament sprain, osteochondritis; 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>11.5.16 pt slipped on a bleacher step and twisted knee. r/o meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	8.1.16 pt twisted ankle on uneven ground and fell on ankle. pain and instability has not improved; 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
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	9.15.16 pt fell and twisted ankle. 6 weeks of strengthening PT and ns aids and pain and instability have not improved; 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
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	acetamenophen Ambien 10 mg tablet  Creon  diclofenac sodium  Norco 5 mg-325 mg tablet  Phenergan 25 mg tablet   Reviewed Problems Knee pain  Fracture of metacarpal bone  Sprain of cruciate ligament of knee - Onset: 02/26/2015.   27-year-old m; 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
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	ACL tear status post reconstruction now with repeat injury and significant swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Assessment & Plan ; Further diagnostic information is needed and could best be obtained with MRI of the right ankle. ; We will put him in a boot and on crutches nonweightbearing on the right. ; Further diagnostic is needed with lab test; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Conservative treatment has failed.; 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Dr. Knox he wants an MRI of the left knee done. LEFT KNEE PAIN.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	eval what type of cyst is present and if excision is required.; This study is 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 2 cysts x 2 mths. one on rt ankle and one on rt lower thigh. eval to see if excision is necessary.; There has been treatment or conservative therapy.; cyst on rt ankle and rt lower thigh. present for 2 mths and increasing in size and pain.; she received a steroid dose pack and sent to our ortho for eval	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	evaluate talar osteochondral graft; This is a request for an Ankle MRI.; The study is for post operative evaluation.; There are not physical or plain films findings of delayed or failed healing.; There are not documented physical or plain film findings of prosthetic device dislocation.; The study is requested for a reason other that ankle pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	First seen 12/14/16; Pt has weakness, catching, locking, buckling and instability; swelling; significant effusion in knee consistent with synovitis; positive Lachman's test and positive McMurrays test at the medical joint line; Has had prior surgery to th; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>he felt a sharp pain on the medial side of his left knee. This was about 3 weeks ago. It has persisted. He has pain when he is walking and pivoting at this time.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>I recommend a repeat MRI to evaluate the healing of the bone contusion and follow-up for the results; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Injured knee playing basketball; r/o ACL tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthrosopy is not scheduled in the next 4 weeks.</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	INJURY WAS 11/26/16 WENT TO ER PLACED ON CRITCHES AND KNEE BRACE AT THAT TIME. SYMPTOMS:BRUISING,DECREASED MOBILITY, JOINT INSTABILITY, JOINT TENDERNESS, LIMPING, PAIN, NUMBNESS, POPPING, SPASMS, SWELLING, TINGLING IN LEG, WEAKNESS, AND STIFFNESS. POSITV; 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
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain for several mths. pt has positive lateral and medial mcmurrays sign, joint instability causing frequent falls. r/o meniscal tear and/or chondral fracture; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee pain for several years, lateral joint pain, + mcmurrays sign, r/o degenerative meniscal tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left ankle instability and pain. Left plantar fasciitis.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Mr. White is a 35-year-old male. He does not have a history of twisting injury but he does have an acute onset of pain in the medial side of his knee. It has been there now for about a month. He does describe clicking and popping. It has swell significant; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI for Internal Derangement to R/O MMT. Pain is described as sharp, stabbing, 9/10 in severity pain. Pain is worse with weightbearing and better with rest. Patient points medially and to the kneecap as the area that is most painful. No therapy up to th; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI of RIGHT knee for internal derangement; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	n./a; This study is being ordered for trauma or injury.; 07/2016; There has been treatment or conservative therapy.; pain, xray showed rupture in knee, need to find out the extent, left shoulder trying to determine rotator cuff tear; otc medications, trying to handle it themselves, then dr did an xray	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	naproxen 500 mg tablet   Take 1 tablet(s) twice a day by oral route for 30 days.   20-year-old male with right knee pain. He had a right knee arthroscopy with lateral meniscus repair several years ago. he did well with that surgery. He seemed to heal.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Nicholas is a 21 year old male senior in college, who present to the injury clinic with left knee pain after slipping in the shower on 9-27-16.  Pain is sharp mechanical pain which is mild. He does have catching and swelling of the left lateral knee. ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	none given; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	off gait, medial joint line tenderness, pain, limited rom; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Osteoarthritis, knees.   10/05/16  This is a very pleasant 50-year-old white female who comes in today for follow-up. She has psoriatic arthritis treated with Cimzia. Previously was on methotrexate but has self discontinued citing severe mouth ulcerati; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/09/2015; There has been treatment or conservative therapy.; 10/20/16 Osteoarthritis, knees  Presents today for bilateral knee pain. She has previously been seen and treated with injections and home physical therapy. She has been taking oral anti-inflammatories. She complains of pain with range of motion. She al; Physical Therapy Depo-Medrol injection Cimzia diclofenac folic acid ketorolac tramadol  She has previously been seen and treated with injections and home physical therapy. She has been taking oral anti-inflammatories.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pain; This study is being ordered for trauma or injury.; 09/01/2016; There has been treatment or conservative therapy.; swelling, tenderness; brace, anti-inflammatory	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patellar dislocation; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient complaining of left knee pain. He denies any known history of gout or trauma to the knee. He has fullness in the prepatellar area and significant pain with weightbearing. Possible internal derangement.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT HAD INJURY, HAS TRIED MANY TYPES OF CONSERVATIVE TX AND FAILED.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has Lt knee pain. He has had an injury to the Lt hip in the past and his xrays are negative of his knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PATIENT HAVING MODERATE TO SEVERE PAIN,DID HAVE INJURY 3 WEEKS AGO. PHYSICIAN BELIEVES SHE PROBABLY HAS MMT.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient suffered an inversion injury involving a dog in a chain on 5/26/16. She had some swelling at that time. She continues to have pain over the anterolateral ankle impingement particularly when she inverts the ankle. She notes swelling there as wel; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	probable meniscal tear.; positive mcmurrays.; increased pain w/ flexion.; tender medial joint line.; minimal swelling with popping.; failed a course of anti inflammatory medications with pain gradually increasing; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt failed on 10/23/2016, pain and swelling, boot; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt fell down and twisted her knee when she fell doc suspects meniscus tear possitive mcmurrays test; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt had surgery ,ACL reconstruction. Pt had fall since surgery. Now having pulling sensation in knee, pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PT HAS A FALL ON 9/16/16 HE WENT TO THE EMERGENCY ROOM AND WAS REFERRED TO ORTHOPEDIC SURGEON FOR FURTHER EVALUATION; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has been wearing crutches.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has failed, injections and NSAIDs; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has Knee pain and swelling, he has tried bracing,rest ice and elevation. He is ambulating with crutches, He has a positive McMurray test, he has pain with ambulation and flexion.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	r lower extremity pain, unable to heel raise. Tender to palpitate.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O LMT; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O MMT; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O PATELLA CHONDRAL INJURY; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	r/o tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>RADIOLOGY: X-ray of the right and left knee show no sign of fracture or arthritis; ASSESSMENT: Bilateral patellofemoral pain; PLAN: I offered her an injection today which he declined. She has been dealing with this for the last 2-3 yea; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/01/2014; Patellofemoral stress syndrome.; HISTORY OF PRESENT ILLNESS: Presents today with bilateral patellofemoral pain. She is had this off and on for the last 2 years. She was seen 2 years ago and started on nonoperative treatment. She has not improv; There has been treatment or conservative therapy; Presents today with bilateral patellofemoral pain. She is had this off and on for the last 2 years. She was seen 2 years ago and started on nonoperative treatment. She has not improved despite conservative treatment.; NSAIDs, home exercises</p>	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Reason for Studies LEFT KNEE PAIN; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	recommend an MRI of the RT knee for internal derangement to R/O MMT; 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 study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	recommend MRI for internal derangement and follow-up for the results.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	recommend MRI to R/O MMT after MVA and follow-up for the results; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right ankle lateral mal fracture with recurrent STI; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right foot drop which occurred spontaneously and acutely 4 weeks ago. EMG shows a focal degenerative degeneration of the common peroneal nerve in the popliteal space. She has decreased sensory function in the common peroneal nerve distribution. she has ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain possible 6 soft tissue mass from her contusion injury 5 years ago. An MRI scan will be ordered.; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right knee pain with injury and questionable tendon tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right knee pain with lateral joint line tenderness and positive McMurray test. Exam consistent with lateral meniscus tear. X-ray was non diagnostic.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	second opinion to determine severs 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.; 08/04/2016; There has been treatment or conservative therapy.; patient is having chronic pain and inflammation.; patient has had physical therapy, medication and inceds.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	see faxed office notes.; This study is being ordered for a neurological disorder.; August 17, 2015; There has been treatment or conservative therapy.; stiffness in neck, pain and spasms, weekness in upper extremities, Radiculopathy.; activity modification, NSAIDS, Physical therapy for neck is contraindicated.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She has a history of a bimalleolar fracture pain about the anterolateral aspect of the ankle. She has popping and clicking.known If No Info Given.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She RT knee pain. She states her knee occasionally swells.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Surgery in 08/2016, pt. fell after surgery, fluid was drained from the knee. Pt. has weakness, popping, swelling and instability.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation: since 09/13/2016, no improvement.; The patient received oral analgesics.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected Knee Meniscus Tear, pain, swelling,tenderness limited range of motion. can't put pressure, x ray negative for fracture, found patellar spurs on x ray; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected medial meniscus tear; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	swelling limited range of motion to rule positive McMurrys test; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	swelling, popping, clicking, tenderness of the medial femoral condyle, tenderness of the medial joint line, tenderness of the medial tibial plateau, pain with motion,tenderness of the lateral patellar retinaculum, tenderness of the medial patellar reti; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	the last question was 'is pt sch for surgery?' well, idk, that's why he needs an mri to eval the injury. 2 mths ago pt stepped off front porch and missed a step and twisted his knee. joint line tenderness w + vargus instability. r/s meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient did not have a known injury. The pain started 6 weeks ago, therefore this is not a chronic condition.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient experiences right knee swelling, stiffness, locking, popping, weakness and giving way.On physical exam the patient has severe medial joint line tenderness and a positive McMurray test. He has locking of the right knee and has failed conservati; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient has had right knee pain for many years. The symptoms are made worse with squatting, sitting, bending, walking and standing. The patient experiences clicking, locking and popping. Global tenderness is noted on physical exam.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a 50-year-old female who presents with low back pain. Referred by Dr. Williams. She has several month history of low back pain that became worse earlier this year. Pain is moderate to severe in intensity and aching, burning, throbbing in nature; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	16

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	3

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

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

1

Orthopedics

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient 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.; ; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient 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.; Additional Clinical information; DR DANIELS PALPATED A MASS ON LATERAL ASPECT OF THE RT KNEE. WAS NOT SEEN ON XRAY . SUSPECTED LIPOMA; Suspicious Mass or Suspected Tumor/ Metastasis	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had 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.; 17 YEAROLD WITH HISTORY SIGNIFICANT FOR CHONDRAL METAPHYSEAL DYSPLASIA WHO PRESENTS WITH SUSPICIOUS RIGHT KNEE MASS, ON EXAM THERE IS A PALPABLE MASS JUST LATERAL TO THE INFERIOR POLE OF HE PATELLA, ASSOCIATED TENDERNESS TO PALPATION, SIGNIFICANT PATELLAR; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; pain for over one year. plain films negative for fracture. Suspected Avascular necrosis.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; Yes, the plain films/scans are normal.; Yes, the ordering physician is an orthopedist or a pediatrician.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; Known Tumor	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	11
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	8

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	11
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	13
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	713
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	27
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; abnormal x-rays. suspected derangement of the knee.; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; acute pain difficulty with ambulation pain for over 2 years recently got worse frequent popping of the knee postivei patellosomoral grind; Suspicious Mass or Suspected Tumor/ Metastasis	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	19
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient has had 3 or fewer follow-up knee MRIs.; The ordering physician is an oncologist or orthopedist.; It is not known if the patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; Known Tumor	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	27

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.	6
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	17
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	11

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	37
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	4

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	2
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	3
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	30
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	3
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Orthopedics

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.

1

Orthopedics

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Orthopedics

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.

1

Orthopedics

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	to see if surgery is needed; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown If No Info Given.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; 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.; Diclofenac; The patient received medication other than joint injections(s) or oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/29/16; There has been treatment or conservative therapy.; increased pain and movement difficulties / tenderness; out patient injections / anti inflammations	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/15/2016; There has been treatment or conservative therapy.; mbr has pain in hips limited range of motion and weakness; PT and Nsaids	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/23/16; There has been treatment or conservative therapy.; pain stiffness LRM burning; HEP/medications	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Based off the patients symptoms there is concern for spinal stenosis with possible bulging disk. For the hip there is concern for AVN. X-ray was non diagnostic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports the back/leg pain has been going on for quite sometime as well as the hip pain.; There has been treatment or conservative therapy.; Patient has tried OTC NSAIDS as well as home therapy exercises	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Bilateral hip pain with trochanteric bursitis, suspected labral tear, patient has failed all conservative treatment; This study is being ordered for Inflammatory/ Infectious Disease.; 06/01/2016; There has been treatment or conservative therapy.; constant pain, tenderness to palpation, dull, radiating, aching. Limited range of motion with pain; steroid injections, anti-inflammatories and activity modifications	2

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>Mr. Cox is a 46-year-old gentleman seen in the office today mainly for bilateral groin pain. He actually states he has had some long-term lumbar discomfort and that has been a problem, but over the last nine months he has developed increasing bilateral gr; This study is 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 avascular necrosis, hips&#x0D; &#x0D; Other osteonecrosis, unspecified femur&#x0D; &#x0D; groin pain; There has not been any treatment or conservative therapy.; Mr. Cox is a 46-year-old gentleman seen in the office today mainly for bilateral groin pain. He actually states he has had some long-term lumbar discomfort and that has been a problem, but over the last nine months he has developed increasing bilateral gr</p>	2
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Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>r/o bilat avn; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; bilat hip pain w osteoarthritis. need to eval both hips for AVN; There has been treatment or conservative therapy.; bilat hip pain and catching. osteoarthritis, tenderness over inguinal area; OTC Nsaids for several mths</p>	2
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Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Right HIP- Eval for pseudotumor  Left HIP Eval for AVN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; RIGHT HIP - 2009 LEFT HIP - 08/2016; There has been treatment or conservative therapy.; ; Physical Therapy, wieght loss, NSAIDS and pain meds, home therapy with out any relief	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	She had breast cancer and underwent extensive treatment. She had some x-rays at some point and was told she may have AVN. X-rays AP and frog pelvis show some sclerosis in the subchondral region of the bilateral femoral heads. This may represent osteonecro; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; 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.	6
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; 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

Orthopedics

Approval

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

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.

1

Orthopedics

Approval

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

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

1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	10

Orthopedics

Approval

73721 MRI JOINT OF LOWER
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OR FOOT JOINT

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

1

Orthopedics

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This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.	3
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	32
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	17

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).	3
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Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	21
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Orthopedics

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

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

2

Orthopedics

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

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

2

Orthopedics

Approval

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

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

5

Orthopedics

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EXTREMITY, HIP OR KNEE OR ANKLE
OR FOOT JOINT

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

4

Orthopedics

Approval

73721 MRI JOINT OF LOWER
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OR FOOT JOINT

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

4

Orthopedics

Approval

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

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

1

Orthopedics

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This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

9

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	12
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Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
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Orthopedics

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73721 MRI JOINT OF LOWER
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OR FOOT JOINT

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient does not have a documented limitation of their range of motion.

1

Orthopedics

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EXTREMITY, HIP OR KNEE OR ANKLE
OR FOOT JOINT

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

1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	6
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	X-rays AP and frog pelvis show some sclerosis in the subchondral region of the bilateral femoral heads. This may represent osteonecrosis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/oncologist.	2

Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
Orthopedics	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Orthopedics	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; Synovial cell sarcoma; Ms Kaffenberger is a 24 yr old with recent diagnosis of left knee synovial sarcoma that is localized to joint space s/p local excision with positive surgical margins. Her staging PET CT showed concerning lesion in liver although not	1
Orthopedics	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.	1

Orthopedics	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING		This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Baseline cardiac evaluation prior to start of chemo for metastatic synovial cell sarcoma.	1
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Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
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Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is walking with a limp, decreased range of motion and severe pain with with flexion, extension and lateral bending. patient has spinal stenosis in the cervical region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2016; There has been treatment or conservative therapy.; cervical neck pain with radiculopathy to the lumbar area and extremities; nonsteriodal anti-inflammatory medication, spinal exercises and lifestyle modifications	1
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Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1
Orthopedics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Orthopedics	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Previously documented on last question.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/2016; There has been treatment or conservative therapy.; incapacitating pain in the bilateral neck radiating to bilateral extremities with weakness, numbness and tingling in bilateral extremities. Pt has severe abdominal pain, gas and fecal incontinence. Mobility is very limited due to pain and bladder and bow; Pt has had nonsteroidal anti-inflammatory medication, lifestyle modification, spinal exercise, compound meds. All failed over 6 weeks	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a 36 showed gentleman who is previously undergone a C5-C7 ACDF. His arm pain was gone after surgery and now has recurred but I am concerned that it is also following a pattern that could mimic carpal tunnel syndrome. I am going to obtain a CT sc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/16; There has been treatment or conservative therapy.; has diminished sensation in his thumb on the right compared to the left. I cannot elicit a positive median nerve compression test or a positive Tincl. Flexion and extension views of the cervical spine did not show any gross motion at the C5-6 and C6-7 l; Medication	1
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 2014; There has been treatment or conservative therapy.; Pain in the thoracic spine radiating up to pts. neck; chiropractic care and massage treatment. Medications including anti-inflammatorys and Skelaxin	1

Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2013 when we have it noted; It is not known if there has been any treatment or conservative therapy.;	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/11/2014; There has been treatment or conservative therapy.; mbr has pain in low back leg pain and hip pain; mbr has had PT and Medication	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 2014; There has been treatment or conservative therapy.; Pain in the thoracic spine radiating up to pts. neck; chiropractic care and massage treatment. Medications including anti-inflammatorys and Skelaxin	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2013 when we have it noted; It is not known if there has been any treatment or conservative therapy.;	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	4

Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	2
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	2
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/25/2015; There has been treatment or conservative therapy.; numbness; injections medications	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; lower back pain, from buttocks to feet	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness and tingling in arms and legs, persistant pain in the back and neck. decreased mobility and muscle weakness; non steroidal anti-inflammatory medication, lifestyle modification, spinal excercises.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months out from a right subacromial decompression. The patient has moderate pain issues and is doing fairly well postoperatively. The patient has been progressing fairly well with his own physical therapy. He continues to have significant pain, but is b; There has been treatment or conservative therapy.; On physical examination the incision site is clean and shows no sign of infection. The patient can fully extend the elbow, wrist, and fingers and make a fist with the operative side hand. Passive range of motion with both internal and external rotation is; The patient is 3 months out from a right sub-acromial decompression.   physical therapy	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; 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

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 05/05/2015; There has been treatment or conservative therapy.; ; over the counter NSAIDs, therapy	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/16; There has been treatment or conservative therapy.; Patient has numbness and tingling down the leg. Patient has pain that radiates into the left hip, down the leg. He has neck pain that radiates into the left shoulder, arm.; Patient is taken hydrocodone, Valium, Cyclobenzaprine, Gabapentin, and Tizanidine.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal EMG; 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
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	AP and lateral of the cervical spine show generally overall well-maintained alignment. Lumbar spine imaging also does not show any evidence of instability or fracture. A lumbar MRI makes suggestion of mild bilateral neural foraminal narrowing at L5-S1 s; This study is being ordered for trauma or injury.; Her neck pain is been present since a fall in May 2016; There has been treatment or conservative therapy.; This is a 41-year-old woman who is having neck and low back pain. She has had the low back pain for some time in the neck pain since May. Most concerning to me however is the fact that she is having the incontinence episodes that she reported today. I ; Physical Therapy Rehab/Eval program Lumbar and Cervical	1
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	I recommend a MRI of RIGHT knee for internal derangement and MRI of C-Spine for spondylosis with radicular symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AUGUST; There has been treatment or conservative therapy.; Pain is described as sharp, achy pain which is 7-10/10 in severity.his knee swelled up and he could barely weightbear on it.Positive numbness and tingling on the RT side of his body. No new injuries noted.; PATIENT comes in today wearing an immobilizer brace. currently seeing a Neurologist for his neck,	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	no info given; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient complains of burning, soreness when her arm is above her head. numbness in the left side of her and pinkie finger. Xray shows negative; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is currently taking Ibuprofen, Gabapentin, Suboxone, and Tizanidine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Present since 2011.; There has been treatment or conservative therapy.; The patient has chronic low back pain. Pain is moderate in intensity and burning, throbbing in nature. Pain occasionally radiate into the left buttock, posterior hip. Patient feels like her hip locks up. Positive for numbness and tingling in her arms and ; Patient has had chiropractic treatment, several injections and pain management.</p>	1
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is having cervical and lumbar pain following surgery for thoracic kyphosis in June 2011.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; He is having lower back and neck pain. When his neck pain is bad, his hands draw up and curl up. Patient is using a cane because of his back, knee and hip pain.; Patient has been seeing a pain management doctor in Texarkana.</p>	1
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Right scapular pain, numbness and tingling down bilateral arms and some occasional numbness in feet, tenderness in the scapula, pain is worse with activity. Her resting posture is consistent with neck pain. She was given two scapulothoracic bursal injecti; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see faxed office notes.; This study is being ordered for a neurological disorder.; August 17, 2015; There has been treatment or conservative therapy.; stiffness in neck, pain and spasms, weekness in upper extremities, Radiculopathy.; activity modification, NSAIDS, Physical therapy for neck is contraindicated.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient is walking with a limp, decreased range of motion and severe pain with with flexion, extension and lateral bending. patient has spinal stenosis in the cervical region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2016; There has been treatment or conservative therapy.; cervical neck pain with radiculopathy to the lumbar area and extremities; nonsteroidal anti-inflammatory medication, spinal exercises and lifestyle modifications</p>	1
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>This is a 36 showed gentleman who is previously undergone a C5-C7 ACDF. His arm pain was gone after surgery and now has recurred but I am concerned that it is also following a pattern that could mimic carpal tunnel syndrome. I am going to obtain a CT sc; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/16; There has been treatment or conservative therapy.; has diminished sensation in his thumb on the right compared to the left. I cannot elicit a positive median nerve compression test or a positive Tinell.; Flexion and extension views of the cervical spine did not show any gross motion at the C5-6 and C6-7 l; Medication</p>	1
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Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; The pain is worse with overhead activity and reaching behind and better with rest and medications.  Pt states she saw Dr. Long who took C/Spine x-rays and show a bulging disc. No injections up to this point. Pt has taken a steroid pack with no help.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; &Enter Additional Clinical Information>; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; Patient has over 1 year of neck tension and popping. pt has straightening and kyphosis of the cervical spine as well as abnormal alignment of the cervical spine	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Trauma or recent injury; HISTORY OF PRESENT ILLNESS: Referred here today for his left shoulder. He had a fall earlier this year and has had pain and weakness in the shoulder since that time. He is right-hand-dominant. He is also complaining of radiating pain in his left arm into ; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; lower back pain, from buttocks to feet	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; numbness and tingling in arms and legs, persistant pain in the back and neck. decreased mobility and muscle weakness; non steroidal anti-inflammatory medication, lifestyle modification, spinal excercises.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; 2014; There has been treatment or conservative therapy.; Pain in the thoracic spine radiating up to pts. neck; chiropractic care and massage treatment. Medications including anti-inflammatorys and Skelaxin	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	AP and lateral of the cervical spine show generally overall well-maintained alignment. Lumbar spine imaging also does not show any evidence of instability or fracture. A lumbar MRI makes suggestion of mild bilateral neural foraminal narrowing at L5-S1 s; This study is being ordered for trauma or injury.; Her neck pain is been present since a fall in May 2016; There has been treatment or conservative therapy.; This is a 41-year-old woman who is having neck and low back pain. She has had the low back pain for some time in the neck pain since May. Most concerning to me however is the fact that she is having the incontinence episodes that she reported today. I ; Physical Therapy Rehab/Eval program Lumbar and Cervical	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for Congenital Anomaly.; 12/12/2013; There has been treatment or conservative therapy.; LBP radiating down left leg numbness in bilateral feet; Chiropractic care	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see faxed office notes.; This study is being ordered for a neurological disorder.; August 17, 2015; There has been treatment or conservative therapy.; stiffness in neck, pain and spasms, weakness in upper extremities, Radiculopathy.; activity modification, NSAIDS, Physical therapy for neck is contraindicated.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 11/11/2014; There has been treatment or conservative therapy.; mbr has pain in low back leg pain and hip pain; mbr has had PT and Medication	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/25/2015; There has been treatment or conservative therapy.; numbness; injections medications	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2016; There has been treatment or conservative therapy.; Pain; Nsaids, Steroid Injection,	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; lower back pain, from buttocks to feet	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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
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Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; 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.; amLODIPine  11/23/16 entered Kelli Sziszak   Atripla  11/23/16 entered Kelli Sziszak   traMADol  11/23/16 entered Kelli Sziszak   Ultram 50 mg tablet   Take 1 tablet(s) every 6 hours by oral route.  11/23/16 prescribed Phili	1
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Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; It is unknown if the patient had a Lumbar Spine MRI performed within the past 2 weeks.; It is unknown if the patient is experiencing new or changing symptoms.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/16; There has been treatment or conservative therapy.; Patient has numbness and tingling down the leg. Patient has pain that radiates into the left hip, down the leg. He has neck pain that radiates into the left shoulder, arm.; Patient is taken hydrocodone, Valium, Cyclobenzaprine, Gabapentin, and Tizanidine.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;;	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnkMs. Ford comes in today to clinic for evaluation of her back and pelvis. The patient is complaining of pain. It is around the right SI joint going down into her right leg. It has been going on for about 2-1/2 months. ; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History The comprehensive history taken on 10/24/2016 was reviewed and is unchanged.  This is a 43-year-old female who presents with low back pain. Referred by Donna Barron PA with Dr. Newbern.  She has an approximate 6 month history of back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for Congenital Anomaly.; 12/12/2013; There has been treatment or conservative therapy.; LBP radiating down left leg numbness in bilateral feet; Chiropractic care	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been having back pain since 11-4-16 with no relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is currently taking Ibuprofen, Gabapentin, Suboxone, and Tizanidine.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Present since 2011.; There has been treatment or conservative therapy.; The patient has chronic low back pain. Pain is moderate in intensity and burning, throbbing in nature. Pain occasionally radiate into the left buttock, posterior hip. Patient feels like her hip locks up. Positive for numbness and tingling in her arms and ; Patient has had chiropractic treatment, several injections and pain management.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having back and leg pain with central herniation at L4-5 and degenerative disc L5-S1.; Her pain is in her back, buttocks, and hips sometimes down her legs, right more than the left. Standing, walking, bending, sitting, and driving all make her ; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having cervical and lumbar pain following surgery for thoracic kyphosis in June 2011.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2011; There has been treatment or conservative therapy.; He is having lower back and neck pain. When his neck pain is bad, his hands draw up and curl up. Patient is using a cane because of his back, knee and hip pain.; Patient has been seeing a pain management doctor in Texarkana.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was involved in an auto accident and has had low back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PHYSICIAN WANTS TO RULE OUT RADICULOPATHY&#x0D; SHE HAS SPINAL DEGENERATIVE DISEASE. LIFTING,CLIMBING,WALKING,SITTING FOR LONG PERIODS OF TIME CAUSES HER PAIN. USES HEAT AND ICE PACKS, PAIN MED, MASSAGE AND REFLEXOLOGY.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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 BEEN ON PAIN MEDICATION FOR SOME TIME,</p>	1
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Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pt continues to have low back pain that radiates into right leg; moderate to severe muscle spasms; The study 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
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Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pts gait is stooped forward. When she walks more that about 40 feet she has to sit down. Unable to stand to cook If she has to walk any further distance she will hold onto a shopping cart or other means to keep from falling over. Suspicious that she may; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Radiculopathy, lumbar region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/5/16; There has been treatment or conservative therapy.; Radiculopathy, lumbar region; meds	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has had surgery here in the past I believe 2 years ago, an ACDF she has done well with. She has been doing exercises and had trigger point injections which really have not seem to help too much. She continues to have ongoing pain in her low back lef; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is having low back pain and numbness that radiates down both legs. The patient has tried ice, muscle relaxers, chiropractic care, rest, anti-inflammatory medication, physical therapy, injections and TENS unit without relief. The Doctor believe; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the pt is having radiculopathy going down the leg and into 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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This man is having a recurrent problem with low back pain over the years.Low back pain and possible disc disease.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-rays reveal some mild degenerative changes. Degenerative disease lumbar spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if there has been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2016; There has been treatment or conservative therapy.; Pain; Nsaids, Steroid Injection,	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bi-lateral hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnkMs. Ford comes in today to clinic for evaluation of her back and pelvis. The patient is complaining of pain. It is around the right SI joint going down into her right leg. It has been going on for about 2-1/2 months. ; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	patient complains of right hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pt having pain in coccyx and sacrum.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	the patient has been having right hip pain for the past 2 months. he was treated by a chiropractor with no relief. his si joint is out of alignment. he need a mri to evaluate.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	non union on known fx on lt side. need ct of bilat clavicles for comparassion; This study is being ordered for trauma or injury.; left clavicle fracture w non union from fall 15 years ago. need bilat clavicle for comparassion; There has been treatment or conservative therapy.; left clavical pain from old injury, non union of old fracture; seen after injury. pt seen by pcp and referred to orthopaedic for further care	2
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	2

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.</p>	1
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Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 4/2016; There has been treatment or conservative therapy.; Pain in joints/ worsening/ tenderness; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;;</p>	1
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Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months out from a right subacromial decompression. The patient has moderate pain issues and is doing fairly well postoperatively. The patient has been progressing fairly well with his own physical therapy. He continues to have significant pain, but is b; There has been treatment or conservative therapy.; On physical examination the incision site is clean and shows no sign of infection. The patient can fully extend the elbow, wrist, and fingers and make a fist with the operative side hand. Passive range of motion with both internal and external rotation is; The patient is 3 months out from a right sub-acromial decompression. &#x0D; &#x0D; physical therapy</p>	1
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Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	LEFT shoulder pain since 10/23/16 when he was up on the roof cleaning gutters, and fell. Pt complains of pain at night. The pain is described as sharp, achy pain that is constant and 8-10 out of 10 in severity. The pain is worse with overhead activity an; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Ms. Jones is a 34-year-old patient seen in the office today for persistent problems with her left arm, which she relates back to motor vehicle accident in September 2011. She was seen by Dr. Thomas at that time. We have records of an MRI of her neck as we; 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
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	SHOULDER 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.; 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

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	5
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	We discussed the fact that his passive range of motion is essentially normal and he does not have a frozen shoulder. Have advised him that I'm unsure of the etiology of his pain. Secondary to the chronic nature and failure to improve with 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.; Chronic bilateral shoulder pain and failure to respond to conservative treatment.; There has been treatment or conservative therapy.; Continued pain; Pain meds, anti-inflammatory meds, PT	2
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; knee pain that begin 9/18/16 with no known truama; tramadol home exercises	1
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; knee pain that begin 9/18/16 with no known truama; tramadol  home exercises	1

Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	He states that the injection provided him with relief for about 1 month in his right subtalar joint. He states his great toe pain has improved after the injection significantly.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; He states that his foot pain has been occurring for nearly 30 years.; There has been treatment or conservative therapy.; Bilateral hindfoot arthritis and talocalcaneal coalition; Bilateral grade 4 hallux rigidus; Right great toe pain improved; Right subtalar joint pain; At his last visit on 9/26/16, I provided him with a steroid injection into the right subtalar joint and right hallux MTP joint on 9/26/16.	2
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	2

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; leg lifts; It is not known what type of medication the patient received.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/16; There has been treatment or conservative therapy.; PAIN , POPPING, TENDERESS; OVER THE COUNTER , EXERCISING	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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.; It is unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 12/30/15; There has been treatment or conservative therapy.; continued pain and swelling now over 5th metatarsal with appearance of blister over left foot; amputation of 2nd toe on left 12/30/15. Dressing changes.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; knee pain that began 9/18/16 with no known trauma; tramadol  home exercises	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	ACL shows increased anterior translation. Very tender medially. Can only flex to 40 degrees without severe pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info PAIN IS INTERFERING WITH PATIENTS ACTIVITIES OF DAILY LIVING.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	has had steroids, diclofenac and bootwalker which have not helped, continues to have pain; This is a request for an Ankle MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	I recommend a MRI of RIGHT knee for internal derangement and MRI of C-Spine for spondylosis with radicular symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AUGUST; There has been treatment or conservative therapy.; Pain is described as sharp, achy pain which is 7-10/10 in severity.his knee swelled up and he could barely weightbear on it.Positive numbness and tingling on the RT side of his body. No new injuries noted.; PATIENT comes in today wearing an immobilizer brace. currently seeing a Neurologist for his neck,	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee pain. This patient has a physical exam consistent with a displaced meniscus tear. There may be some mild chondromalacia of the medial joint.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Mr. Phillips is having some severe pain to his right knee. Positive Lachmans. Grade III Valgus. Swelling present and ROM is guarded 0 to 80.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain for 5-6 months with no injury, pain scale 5 all day everyday. Has had 4-6 weeks physical therapy which has not helped.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pain; This study is being ordered for trauma or injury.; 09/01/2016; There has been treatment or conservative therapy.; swelling, tenderness; brace, anti-inflammatory	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R/O MMT.; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	recommend a MRI of RIGHT knee to R/O MMT; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	right knee pain with limited range of motion and medial joint line tenderness. positive mcmurray exam.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	RIGHT KNEE PAIN; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	rt ankle pain x 3 weeks; This is a request for an Ankle MRI.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	second opinion to determine severs 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.; 08/04/2016; There has been treatment or conservative therapy.; patient is having chronic pain and inflammation.; patient has had physical therapy, medication and inceds.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	still hurting and the posterior aspect of his right thigh. He feels like something is pulling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	surgery will be scheduled once the MRI results are received; This is a request for a Knee MRI.; The study is not requested for knee pain.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has surgery planned.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	the provider would like to examine the knee better, the pt has been on anti-inflammatory medications as well as PT.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	11
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	3

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Radiculopathy, lumbar region; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/5/16; There has been treatment or conservative therapy.; Radiculopathy, lumbar region; meds	1
Orthopedics	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previously documented on last question.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/25/2016; There has been treatment or conservative therapy.; incapacitating pain in the bilateral neck radiating to bilateral extremities with weakness, numbness and tingling in bilateral extremities. Pt has severe abdominal pain, gas and fecal incontinence. Mobility is very limited due to pain and bladder and bow; Pt has had nonsteriodal anti-inflammatory medication, lifestyle modification, spinal exercise, compound meds. All failed over 6 weeks	1

Orthopedics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown	1
Osteopath	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Osteopath	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Osteopath	Approval	74181 MRI ABDOMEN		This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Ultrasound done hylacohic lesions through out the liver.	1
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	7
Other	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1

Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	4
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/2016; There has been treatment or conservative therapy.; running nose..... facial pain; antibiotics decongestion	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

Other	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Other	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Other	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Other	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Other	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Other	Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/10/2016; There has been treatment or conservative therapy.; running nose..... facial pain; antibiotics decongestion	1
Other	Approval	71250 CT CHEST, THORAX	check sternum wiring and chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Other	Approval	71250 CT CHEST, THORAX	N/A; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Other	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1

Other	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits."; <Enter Additional Clinical Information>	1
Other	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	N/A; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; hip pain, low back pain, radicular pain; injections, medication	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	N/A; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Other	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Other	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Pelvic Ultrasound done that showed a mass. Requested further imaging.; 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.</p>	1
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; AC separation, right, initial encounter. Happened 3 weeks ago.</p>	1
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.</p>	1

Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Swelling greater than 3 days	1

Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O POSSIBLE CANCER; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis	1
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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.; This study being ordered for a palpable, observed or imaged abdominal mass.	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	N/A; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient presented to clinic with severe abdominal pain with history of ovarian cyst and leiomyoma of uterus	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Pt is experiencing abdomen pain, rebound, guarding and diverticulitis	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1

Other	Approval	74181 MRI ABDOMEN		34 weeks pregnant fetal shows abnormal brain.; 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
Other	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Other	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	1
Other	Disapproval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	1
Other	Disapproval	70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	limited range of motion deviation opening and closing the mandible articulate disc disorder headaches; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	1

Other	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Other	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Other	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Other	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Other	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/07/2016; There has been treatment or conservative therapy.; hip pain, low back pain, radicular pain; injections, medication	1
Other	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is post abdominal surgery for hernia repair and started having abd pain after being jumped on by dog.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.	1
Other	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1

Other	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient has had conservative treatment and exercise program, cosipation,	1
Other	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is having pain and bloating	1
Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Other	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	1
Otolaryngology	Approval	0042T Ct perfusion w/contrast, cbf		This is a request for Cerebral Perfusion CT.	1

Otolaryngology	Approval	70450 CT BRAIN, HEAD	INFECTION, IMPLANTS, LEFT SCALP SWELLING, WORSENING PAIN; This study is being ordered for Inflammatory/ Infectious Disease.; 10/8/16; There has been treatment or conservative therapy.; SWELLING OVER LEFT COCHLEAR IMPLANT MAGNET SITE, WORSENING PAIN,; KEFLEX	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD	Samuel A. Bollinger is referred by Dr. Hendrix.  His reason for this visit is eval dizziness.  His problem has been present for 6 months.  He describes the problem as moderate to severe.  He describes the symptoms as nystagmus, room spinning lasting s; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Vertigo; It is unknown why an MRI is not being considered	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		1

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.	9
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	4
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	2

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"	46
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	INFECTION, IMPLANTS, LEFT SCALP SWELLING, WORSENING PAIN; This study is being ordered for Inflammatory/ Infectious Disease.; 10/8/16; There has been treatment or conservative therapy.; SWELLING OVER LEFT COCHLEAR IMPLANT MAGNET SITE, WORSENING PAIN,; KEFLEX	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	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.; 01/2013; There has been treatment or conservative therapy.; Pt has headache, facial pressure.; The Pt has had decongestant, antibiotic, steroid, nasal spray, Pt has had spinal injections.	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Patient fell 5ft from a ladder, multiple facial fractures; This study is being ordered for trauma or injury.; 12/10/2016; There has been treatment or conservative therapy.; Unable to see out of rt eye/low grade fever/, ecchymosis to the rt eye/ rt nare difficulty breathing out of/facial edema on rt side/headache to rt temple/cheek pain; Went to ER and Ct was done, but wasn't clear	1

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"	6

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is 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	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	6
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple of years ago; There has been treatment or conservative therapy.; facial pain, numbness around nose and cheeks,; no	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	; 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.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	27 year old male presents with recurrent sinus infections. He does not go to the doctor every time he has an infection but treats with OTC. His last antibiotic was Amoxicillin approximately one month ago. He also had a Medrol dose pak. He does not use any; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	40 year old male presents with chronic sinusitis, near total nasal obstruction, polyps. He has been on multiple antibiotics including Amoxicillin, PCN, Z-Pak, Cephalexin and Bactrim. His last antibiotic was Bactrim, Rocephin, steriods two weeks ago. He us; 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)	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Chronic rhinitis with decreased smell, aspirin sensitivity and history of asthma, improved on inhaler, with nasal polyps found on scope today; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Deviated Septum/ Pt has Turbiate hypertrophy; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Facial pain, headache, 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 Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	for past 8-12 weeks has been having right head discomfort including perimastoid and cheek region and pressure, senses ozena like smoke odor everywhere, also sense burning or seering pain in right cheek including ear as well as tenderness upper neck, compl; 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.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Headache; 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.	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	nasal congestion, facial pressure, antibiotics have not helped, thick nasal mucus; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	nasal polyp's and mass; 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.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	None; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	None; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	NONE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/2013; There has been treatment or conservative therapy.; Pt has headache, facial pressure.; The Pt has had decongestant, antibiotic, steroid, nasal spray, Pt has had spinal injections.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	One year history of nasal congestion drainage pressure and headache unresponsive to medical therapy including steroid nasal spray, antihistamine and multiple rounds of antibiotics. Turbinate hypertrophy; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pain in face,off and on for years,worse the past couple of months. She has pain behind her eyes; "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.	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient fell 5ft from a ladder, multiple facial fractures; This study is being ordered for trauma or injury.; 12/10/2016; There has been treatment or conservative therapy.; Unable to see out of rt eye/low grade fever/, ecchymosis to the rt eye/ rt nare difficulty breathing out of/facial edema on rt side/headache to rt temple/cheek pain; Went to ER and Ct was done, but wasn't clear	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	patient has acute sinusitis; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient has chronic sinusitis and allergy rhinitis do to pollen.; "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.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient has had 4-5 events of sinusitis in last year has been recurring every year for a decade. Has been on several antibiotics and taken steroids. Used saline and Flonase without benefit with any of these treatments.; 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)	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient is Status post Septoplasty, Right endoscopic maxillary with tissue removal, right endoscopic total ethmoidectomy and bilateral endoscopic sphenoidotomy using stereotactic navigation on 11-29-16. Today on exam she states she has had double vision a; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	possible sinus injury in surgery; This study is being ordered for trauma or injury.; 11/18/2016; There has not been any treatment or conservative therapy.; DNS and hypertrophy of turbinates	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt has chronic ear infections with a feeling of being under water, has profuse white, clumpy, pnd with nasal congestion, ears feel full all the time. nasal deviation high grade. hx of face vs surf board injury many years ago. multiple treatments with anti; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	PT HAS CHRONIC SINUSITIS  Patient reports nasal obstruction and anosmia for 2 years. She has not had CT imaging. She has tried fluticasone and then Qnasl with improvement for about 2 weeks. She has also tried Benadryl without improvement. She has had all; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	PT HAS CHRONIC SINUSITIS AND RIGHT FACIAL PAIN WITH 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 Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt has maxillary facial pain, green thick nasal discharge, turbinate polyps; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt. has have 2-4 failed rounds of nasal antibiotics of steriods; 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)	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	She was last jere on 03/14/16 with complaints of headaches, ear pressure and sinus pressure along with tinnitus. She was to have MRi brain and referred to neurology. She says she is still having the same symptoms and just finished doxycycline and a MDP. S; 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)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	steroid sprays antibiotics 9 days ago; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	The patient has been having sinus headaches for many years with pressure between his eyes. His ears pop and he has chronic rhinitis. He has tried taking Zyrtec-D, flonase, Augmentin, and sinus rinses with little improvement. He has also had allergy testin; 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)	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	15
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	19
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	17
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	6
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	6
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	174

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	37
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	unknown; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Will check CT of the facial bones. He obviously hit hard with extensive lac. need to rule out frontal sinus fracture.; "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.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		10

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has 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.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The study is being ordered for 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.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	FNA results are pending. Need to know extent and depth of tumor for possible surgical planning. a 3 cm fullness to the right parotid tail. Firm area just adjacent to this; 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.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Lump incision; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.	1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	None; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	ONGOING INFECTIONS; This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient is one year post op total thyroidectomy due to papillary carcinoma of the thyroid gland. Nuclear medicine thyroid whole body scan was performed on 10/10/2016 to rule out existence of suspicious thyroid tissue remaining in body 1 year post op. Susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	preop Ct neck; Mass scheduled to be removed after CT; 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.	1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt has had a sore throat for approximately 6 months but was incarcerated and did not go to PCP until 10/11/16. They found a mass in his throat and referred to Dr David Lewis. Dr Lewis saw pt on 10/13/16 and is ordering these 2 test before scheduling BX/Ex; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt has neck swelling/mass... this is preoperative; 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.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; Surgery is scheduled within the next 30 days.; The patient has a suspicious infection or abscess.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.	3

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is being ordered by an ENT specialist.	2
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	5
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	66
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass	2
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The sudy is ordered for pre-operative evaluation	1

Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Pt need MRI to eval for cranial nerve(Trigeminal V2 V3), She is having cervical nerve numbness at greater auricular.; "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
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	2
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is 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
Otolaryngology	Approval	70544 Mr angiography head w/o dye	Pt will obtain MRI of the brain and MRA to assess for any underlying issues that may be causing the right pulsatile tinnitus; This study is being ordered for a neurological disorder.; Hypertroph Nasal Turbinat S/p Bilateral tonsillectomy w/ Bilateral Turb Reduction 9/1/16. Pt said that he feels ok, has some congestion at times but can breathe well through his nose overall. His feeling of having a drippy ear has improved. Pt said that h; There has been treatment or conservative therapy.; Right Pulsatile Tinnitus - Discussed that this is likely not coming from his ear, may consider MRI of brain and MRA to check for aneurism. He also gets right sided headaches as well.; S/p Bilateral tonsillectomy w/ Bilateral Turb Reduction 9/1/16.	1

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

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	4
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	asymmetric hearing loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2016; There has not been any treatment or conservative therapy.; HEADACHES, VERTIGO, GAIT ABNORMALITY, WEAKNESS	1

Otolaryngology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Dizzy all the time, off balance, and fainting frequently x 6 months. She states that she feels like she is "drunk all the time." It all started about 6 months ago. She states that she was fine and then she started getting very dizzy and passed out. She has; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo

1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	During the pts Fuctional Endoscopic Sinus Surgery Dr Jiu saw the pt had a right posterior superior ethmoid cell that appeared to be opacified, but upon reviewing the CT scan, there looks like there is some dehiscence of bone over this area, and might poss; This request is for a Brain MRI; The study is NOT being requested 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
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hearing loss, light headness, dizziness, vertigo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
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Otolaryngology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

many year history of migraine headaches described as one every 1 to 2 weeks described as aching headaches, radiating over the temples and down the back of the head with associated photophobia and noise exposure. He has been on multiple medications for thi; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

1

Otolaryngology

Approval

70551 MRI HEAD, BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient is 48 y/o BF with mass of head, and headaches. Also history of breast cancer.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is 62 y/o WM with constant headache since sinus surgery 10/19/16.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	possible acoustic neuroma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt will obtain MRI of the brain and MRA to assess for any underlying issues that may be causing the right pulsatile tinnitus; This study is being ordered for a neurological disorder.; Hypertrph Nasal Turbinat S/p Bilateral tonsillectomy w/ Bilateral Turb Reduction 9/1/16. Pt said that he feels ok, has some congestion at times but can breathe well through his nose overall. His feeling of having a drippy ear has improved. Pt said that h; There has been treatment or conservative therapy.; Right Pulsatile Tinnitus - Discussed that this is likely not coming from his ear, may consider MRI of brain and MRA to check for aneurism. He also gets right sided headaches as well.; S/p Bilateral tonsillectomy w/ Bilateral Turb Reduction 9/1/16.	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ringing in ears with head nose, post nasal drainage, ear pain, pressure in ears, hearing loss, associated with N/V, has tried antihistamine and decongestants; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She has not been able to smell properly for about 5 years or so. She also has a tough time with nasal obstruction as well. She has been told in the past that her septum is severely deviated. Her nose feels blocked when trying to sleep. She has been using ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
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Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Suspected tumor. Ear fullness;; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient is a 54 year old Caucasian/White female who is referred by pcp for evaluation . The patient presents w/ tinnitus, vertigo, and w/o change in hearing. The pt describes whirling vertigo that was severe at onset but improving and lasting for days; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	44

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	7

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	3

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	10
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	3

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	9
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	3
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX		3
Otolaryngology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	3
Otolaryngology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	5

Otolaryngology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	bil paralysis of vocal cords; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Patient is one year post op total thyroidectomy due to papillary carcinoma of the thyroid gland. Nuclear medicine thyroid whole body scan was performed on 10/10/2016 to rule out existance of suspicious thyroid tissue remaining in body 1 year post op. Susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Otolaryngology	Approval	71250 CT CHEST, THORAX	Pt has had a sore throat for approximately 6 months but was incarcerated and did not go to PCP until 10/11/16. They found a mass in his throat and referred to Dr David Lewis. Dr Lewis saw pt on 10/13/16 and is ordering these 2 test before scheduling BX/Ex; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	vocal cord paralysis, hard to swallow, choked easily; 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.	1

Otolaryngology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2016; There has not been any treatment or conservative therapy.; HEADACHES, VERTIGO, GAIT ABNORMALITY, WEAKNESS	1
Otolaryngology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Otolaryngology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; facial numbness; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.	1
Otolaryngology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Otolaryngology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1

Otolaryngology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient fell out of bed and received an injury to shoulder.	1
Otolaryngology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee lit up on PET Scan. Nonspecific focus of intense uptake identified in the superior most portion of the fibula on the right. this is of uncertain etiology and significance. Recommended further evaluation with radiographs of the right knee as wel; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Otolaryngology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST		1
Otolaryngology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient is one year post op total thyroidectomy due to papillary carcinoma of the thyroid gland. Nuclear medicine thyroid whole body scan was performed on 10/10/2016 to rule out existance of suspicious thyroid tissue remaining in body 1 year post op. Susp; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Otolaryngology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	1
Otolaryngology	Approval	78071 Parathyroid SPECT Imaging	This is a request for Parathyroid SPECT imaging.; The Pt has hyper para thyroidism	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	2
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Otolaryngology	Disapproval	0042T Ct perfusion w/contrast, cbf	Radiology Services Denied Not Medically Necessary	This is a request for Cerebral Perfusion CT.	1

Otolaryngology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
Otolaryngology	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	CONTINUED FOLLOW UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/8/2016; There has not been any treatment or conservative therapy.; HEADACHES, VERTIGO, GAIT ABNORMALITY, WEAKNESS	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	3
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; couple of years ago; There has been treatment or conservative therapy.; facial pain, numbness around nose and cheeks;; no	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	54 year old female presents for ear pain and salivary gland tenderness. She has been using ENA night guard for snoring but she is still snoring throughout the night. She has had a sleep study in the past but came back with mild sleep apnea. She has had a ; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Evaluate nasal congestion. She is here today saying for the past 2 years she has had nasal congestion. She says when she blows her nose nothing comes out but feels like she has something near the bridge of her nose. She denies a nasal fracture and has a r; 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)	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	facial pain, right sided increased recently, treated allergies and headaches in past, began April 2016; 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.	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	runny nose , sore throat, popping ears; 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	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Otolaryngology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Otolaryngology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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.	1
Otolaryngology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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.	1

Pediatric Hematology	Approval	71250 CT CHEST, THORAX	NEW NODULE FOUND IN RIGHT UPPER LOBE AND INDETERMINATE ON CT 7/25/16, THIS IS A FOLLOWUP TO THIS DISCOVERY; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pediatric Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Pediatric Oncology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Pediatrics	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

Pediatrics	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	eye swelling, left temporal swelling; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1

Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	5
Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	vomiting headaches wake pt at night; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	vp shot; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	facial swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 11/02/16; There has been treatment or conservative therapy.; facial swelling, redness, warmth and tenderness of face; ice, nsaid	1
Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1

Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	facial swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 11/02/16; There has been treatment or conservative therapy.; facial swelling, redness, warmth and tenderness of face; ice, nsaid	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	2
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Pediatrics	Approval	70544 Mr angiography head w/o dye	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Years; There has been treatment or conservative therapy.; Headaches Nausea Bright light and loud noises makes it worse brother 3 years older diagnosis with 3 small brain anyresum .; over the counter medicines</p>	1
Pediatrics	Approval	70544 Mr angiography head w/o dye	<p>CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; AUTISM, DEVELOPMENTAL ENCEPHALOPATHY, MOYAMOYA, POSSIBLE MITOCHONDRIA DISEASE,; TRIED CERTAIN SUPPLEMENTS, RISPERDAL</p>	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	2
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Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
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Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Years; There has been treatment or conservative therapy.; Headaches Nausea Bright light and loud noises makes it worse brother 3 years older diagnosis with 3 small brain anyresum .; over the counter medicines	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Checking to see if cyst inside her head is growing.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; AUTISM, DEVELOPMENTAL ENCEPHALOPATHY, MOYAMOYA, POSSIBLE MITOCHONDRIA DISEASE,; TRIED CERTAIN SUPPLEMENTS, RISPERDAL	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headaches waking patient at night and has headaches daily for several months. OTC pain meds not helping. Has had some headaches that last for weeks at a time.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
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Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	passed vision test. going on for 2 weeks.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
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Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has been having headaches since July 2016 every 2 to 3 days.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has had for awhile and is worsening.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	4

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	12
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

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

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	2
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	5
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	pt has chest pain; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pediatrics	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Pediatrics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Pediatrics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Pediatrics	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a chest MRI.; The patient has had 3 or fewer chest MRIs.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Muscle contractions of upper and lower extremities; 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.; R/O Arnold Chiari malformation and tethered cord; Botox injections and physical therapy	1

Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Muscle contractions of upper and lower extremities; 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.; R/O Arnold Chiari malformation and tethered cord; Botox injections and physical therapy	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Muscle contractions of upper and lower extremities; 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.; R/O Arnold Chiari malformation and tethered cord; Botox injections and physical therapy	1

Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	6
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	5
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Pediatrics	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment 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
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; OCTOBER 2015; There has been treatment or conservative therapy.; JOINT PAIN GRINDING AND LOCKING OF THE SHOULDER, LEFT WRIST HAS DECREASE RANGE OF MOTION, BONE HAS POPPED OUT WHICH IS CAUSING PAIN, HIP HAS JOINT PAIN DECREASE RANGE OF MOTION; PHYSICAL THERAPY ULTRASOUND	2
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient is an athlete; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Radiation of pain, tingling, numbness;; Medications, physical therapy	2
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	2

Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does 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
Pediatrics	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Duration of Symptoms:Start: 10/21/2016 ; Physical Exam Findings:Instability of left knee joint, swelling of left knee joint, sprain of left knee,knee pain; Swelling,left knee tenderness near L) kneecap,decreased mobility and stability most pain over media; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

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

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	2
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; OCTOBER 2015; There has been treatment or conservative therapy.; JOINT PAIN GRINDING AND LOCKING OF THE SHOULDER, LEFT WRIST HAS DECREASE RANGE OF MOTION, BONE HAS POPPED OUT WHICH IS CAUSING PAIN, HIP HAS JOINT PAIN DECREASE RANGE OF MOTION; PHYSICAL THERAPY ULTRASOUND	1
Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient is an athlete; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Radiation of pain, tingling, numbness.; Medications, physical therapy	1

Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Pediatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Pediatrics	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	5
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABDOMINAL PAIN UNEXPLAINED X 1 MONTH	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; the member has pain	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	4
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	1

Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Trauma; Addendum 12/5/16: Discussed Kinley sx with trainer a few days after this appt. She voiced concerns that the therapy that Kinley has been getting at school is exactly what she would be getting with PT and actually more advance therapy options. We discussed	1
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Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
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Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
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Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Pediatrics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Pediatrics	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.	1

Pediatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	H/a are increasing with severity.; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; neck stiffness	1
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt is having neck pain, t/x with a steroid pack but was not any better	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness over spine since June, injury, treated with meds and heat. X-ray performed and was negative.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Pediatrics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Pediatrics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Pediatrics	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is not a gastroenterologist or surgeon.; There are no laboratory or physical evidence of an intra-abdominal bleed.; There are no physical findings or abnormal blood work consistent with peritonitis or abdominal abscess.; office note from 11/04/2016 - This was diagnosed 3 weeks ago. The course has been stable and nonprogressive. It is of moderate intensity. Pt injured right groin at volleyball about 3 weeks ago. ; The trainer has been working with her for 3 weeks. She s	1
Pediatrics	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ASTHMA, WHEEZING; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Pediatrics	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; It is unknown how many PET Scans have already been performed on this patient for this cancer.	1

Physical Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown, several years; There has been treatment or conservative therapy.; pathologic reflexes, Para thesis of upper extremities, spasticity, gait dysfunction. Urinary incontinance; neck brace	1
Physical Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; numbness and tingling with pain; home pt	1
Physical Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2016; There has been treatment or conservative therapy.; numbness and tingling with pain; home pt	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown, several years; There has been treatment or conservative therapy.; pathologic reflexes, Para thesis of upper extremities, spasticity, gait dysfunction. Urinary incontinance; neck brace	1

Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam finding ANTALGIC UNASSISTED GAIT FAVORING LEFT SIDE, DIFFICULTY WITH TOE/HEEL WALK&#x0D; &#x0D; Strength grossly 5/5 in ALL EXTREMITIES EXCEPT LEFT HIP FLEXOR: 4/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>aching low back pain with shooting pain into bilateral 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.</p>	1
Physical Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>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.</p>	1
Physical Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Physical Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</p>	1

Physical Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MR. SWIFT is a 38 year old BLACK GENTLEMAN with a primary incapacitating pain complaint of LOW BACK PAIN whose history of present illness and physical exam is consistent with MYOFASCIAL PAIN as their primary pain generator. Secondary pain generators incl; 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
Plastic Surgery	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	3
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Plastic Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.	1

Plastic Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	will fax; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; no motion in hand and arm, very little sensation, painful; nerve conduction study done	1
Plastic Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	will fax; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; no motion in hand and arm, very little sensation, painful; nerve conduction study done	1
Plastic Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	will fax; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; no motion in hand and arm, very little sensation, painful; nerve conduction study done	1
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There 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

Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.</p>	1
Plastic Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.</p>	1

Plastic Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		Patient has pain in upper abdomen, possible hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Plastic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Plastic Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; 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
Plastic Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above	1

Plastic Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	prior Left breast cancer with bilateral mastectomies and breast reconstruction present with a new lump. Tradional mammography not helpful after mastectomy so MRI requested to check for reoccurrence.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	2
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY		This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	1

Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.</p>	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>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.</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>"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.; instability, Achilles tear; This is a request for a bilateral ankle MRI.</p>	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; Pt. born with club foot. Surgery several years ago. Pt. dropped an A/C unit on rt. foot. left foot is for comparison purposes. Foot x-ray neg. Foot also ran over with electric wheelchair.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has been completed.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This 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

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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 >	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2016; There has been treatment or conservative therapy.; PAIN in both feet, difficulty walking,; PAIN MEDICATION	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 11/30/16; There has been treatment or conservative therapy.; pain // LRM;/ PT	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Exostosis Talus Ankle/Joint DJD; This study is being ordered for trauma or injury.; 11/23/2016; There has not been any treatment or conservative therapy.; Pain Greater pain during sports	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	left ankle x-rays reveal old avulsion fracture piece tip of the lateral malleolus, possible fracture lateral talar shoulder of the ankle joint.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient fell approximately one month ago and injured left ankle, ER visit, ace bandage, x-rays showed no fracture, 1 month in patient is still having constant pain @ 5 on 1-10 and sometimes pain is severe, office visit on 10/10/16 w/specialist, Dr.Burks, ; This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other than ankle pain.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient had previous fibula fracture in 2015, continue pain for about a year and half, doctor want to rule out stress fracture and tendon disease; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has pain with weight bearing; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; over a year; There has been treatment or conservative therapy.; pain, instability, stress fracture,; ankle brace, shoe and activity modifications	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has severe pain at the base of the second toe with swelling, patient has been in boot and has also had steroid injection; 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
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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RE: Kris Freeman, #1806752  DOB 8/3/1981  CHIEF COMPLAINT: Followup bilateral Achilles pain.   SUBJECTIVE: Kris returns today still complaining of pain in both Achilles tendons, left slightly greater than right. He feels that the right side ; 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
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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right foot ulceration with cultures showing infection and x-ray 3 views of right foot show 75% necrosis with positive malodor.; 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
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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	swelling; r/o tendon rupture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/9/2016; There has been treatment or conservative therapy.; no indications on xray as to what is causing the pain; gout treatments	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.	5
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	13
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is 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.	3
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	3
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is 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.	3
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.	10
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.</p>	1
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Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; Surgery is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	21
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.	1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.

3

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

9

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is 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.	15

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Podiatry

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	UNKNOWN; This study is being ordered for trauma or injury.; 10/12/2016; There has been treatment or conservative therapy.; PLANTARS FASCITITIS, STEPPED DOWN AND FELT A POP; MEDICATIONS	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		WE ARE TRYING TO RULE OUT POSTERIOR TIBIAL TENDONITIS VERSUS TEAR; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/19/2016; There has been treatment or conservative therapy.; PATIENT COMPLAINS OF PAIN, SWELLING AND WEAKNESS ALONG THE POSTERIOR TIBIAL TENDON. PAIN ON INVERSION, RIGHT ANKLE.; ANKLE INJECTION WAS PERFORMED ON 11/9/2016. A CAMWALKER (L4361) WAS DISPENSED TO PATIENT ON SAME DATE. PATIENT WAS ALSO PRESCRIBED STEROID DOSE PACK AND NSAIDS ON SAME DATE.	2
Podiatry	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; may 19th 2015; There has been treatment or conservative therapy.; pain, swelling; medications	2

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; PT PRESENTS WITH PAIN IN BOTH FEET, EDEMA IS NOTED IN BOTH ANKLES, TARSA TUNNEL IS SUSPECTED IN BOTH FEET	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a 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
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/06/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Medications, boot and crutches	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/27/2016; There has been treatment or conservative therapy.; Pain in left foot Plantar facilities; Activity modifications Shoe insets Figure 8 brace	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None; 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 something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has club foot with pain in left foot DJD and ankle joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2016; There has been treatment or conservative therapy.; Weight baring and pain; continue use of raping and boot with icing of the area	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R/O joint 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.; 09/20/2016; There has been treatment or conservative therapy.; Pain, swelling of right ankle and foot, pain with flexion; Injections	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; 10/12/2016; There has been treatment or conservative therapy.; PLANTARS FASCITITIS, STEPPED DOWN AND FELT A POP; MEDICATIONS	1

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	x-ray images reveal possible old fracture to ankle and Degenerative changes to sinus tarsi area, left; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient was seen in our office on 10/18/16 and he states that he has had this ongoing pain for months now. Patient relates that when weight bearing the pain increase in the ankle and the foot.; There has been treatment or conservative therapy.; swelling, edema, and pain; patient is to try offloading measures and new shoe modifications till able to further this treatment with MRI results. Also patient has been taking OTC pain relievers.	2
Psychiatry	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Psychiatry	Approval	70450 CT BRAIN, HEAD		; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Psychiatry	Approval	70450 CT BRAIN, HEAD	Pt describes anxiety sxs s/p meningitis; sxs have manifested themselves as would be seen in: GAD, Agoraphobia, Social Anxiety D/O; pt also has hx of panic attacks (none in weeks) and OCD sxs (not in last year). Pt denies any hx of mania. H; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	2
Psychiatry	Approval	70450 CT BRAIN, HEAD	To r/o central process. Pt reports hx of depression since early childhood, she describes sxs suggestive of dysthymia w/MDEs intermittently. No hx of SAs but +hx of SI; she cites 'my kids' as reason for living. PT does endorse(and manifests during assessme; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Approval	70450 CT BRAIN, HEAD	UNKNOWN; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered	1

Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Psychiatry	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has experienced psychosis since her 20s; she will experience AH(multiple command voices). She also experiences VH(sees dead people). Patient reports history of anxiety and migraine headaches. She denies any benefits from medications thus far.; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1

Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT needs head CT to rule out central process as etiology for psychosis. PT does report hx consistent w/mania vs. hypomania; decreased need for sleep, increased energy, increased libido. PT does report hx of psychosis for 1-2 years-VH of a "grey or white s; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	PT reports hx of depression x5-6 months; she has had one brief episode years ago that last roughly one month, resolved spontaneously. Pt states that current sx's are such that she has appetite fluctuations, sleep impairment--difficulty w/maint and early AM; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Psychiatry	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.	1

Psychiatry	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 3 months ago; There has not been any treatment or conservative therapy.; Pt has lower back pain that is radiating down to both lower extremities	1
Psychiatry	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 3 months ago; There has not been any treatment or conservative therapy.; Pt has lower back pain that is radiating down to both lower extremities	1
Psychiatry	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about 3 months ago; There has not been any treatment or conservative therapy.; Pt has lower back pain that is radiating down to both lower extremities	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.; cough , shortness of breath; steroids, medication	1

Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; This study is being ordered for Inflammatory/ Infectious Disease.; MAY 2014 WAS FIRST OFFICE VISIT FOR ISSUE; There has been treatment or conservative therapy.; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	pt has had multiple sinus infections in past 6 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)	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.	1

Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year)	1
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	IMAGING STUDIES: Chest x-ray today looks worse with worsening infiltrates and enlarging nodules and more dense nodules.; He also has a history of Chiari malformation and has had surgery for that.; IMPRESSION: 1.Headache that is mild, but it is associated; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.	1

Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.	1
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		62

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	68
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	35
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	3
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	9
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20; 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 >;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-22-16 7/18/2016; There has not been any treatment or conservative therapy.; pain	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has been treatment or conservative therapy.; cough , shortness of breath; steroids, medication	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; "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.	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	4
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>; 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.</p>	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/16/2016; There has not been any treatment or conservative therapy.; copd</p>	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	2 MONTH FOLLOW UP ON THE SARCOIDOSIS.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	3 month Follow up from hospitalization for COPD.; "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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	52
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	2

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	9
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	CHEST PAIN ON BREATHING,SOB,ABNORMAL PFTS,FURTHER INVESTIGATION TO DETERMINE CAUSE OF CHEST PAIN,SOB,ABNORMALITY ON PFT.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>Chest x-ray from August revealed right basilar opacity. Mild right greater than left streaky bibasilar opacities which may relate to atelectasis and/or infiltrate. Patient has dyspnea on exertion. Patient has hx of severe COPD with 40 pack yr smoking hx.; 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.</p>	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>CT chest 1/2016, 2.1 cm solitary pulmonary nodule, unexplained cough, 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.</p>	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>Disease of thorax; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.</p>	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Duration of Symptoms: Start: 12/01/2015  Physical Exam Findings: JOINT PAIN Preliminary Procedures CT  Already Completed: Procedure Date: 12/01/2015; Abnormal scattered groundglass densities seen throughout the right upper lobe, middle lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	F/u for 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Fallow up of lung nodule.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up for lung nodules, shortness of breath, suspicion of hypermetabolic sigmoid colon lesion and right lung mass, enlarged metastatic lymph node; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up on lung nodule to check stability; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Has had persistent cough for last 5 years. CXR done today demonstrates micronodular changes.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Mild centrilobular emphysematous changes. Mild bronchial thickening. Noncalcified right upper lobe pulmonary nodules measuring up to 4.2 mm. Chest CT followup in 6 at 12 months is recommended for stability assessment. Sequela of previous granulomatous in; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Moderate to severe pulmonary hypertension with history of rheumatoid arthritis and VSD noted, likely secondary to VSD with rule out1. We will get a CT chest high resolution to evaluate for ILD. Patient also has history of moderate COPD optimize treatment.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; This study is being ordered for Inflammatory/ Infectious Disease.; MAY 2014 WAS FIRST OFFICE VISIT FOR ISSUE; There has been treatment or conservative therapy.; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment ; Mr. Dixon is a very pleasant 39-year-old gentleman who returned my clinic in November. He had a history of chronic cough that we were able to resolve. However, his symptoms returned. We placed him back on inhaled medications, omeprazole, and treatment</p>	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	<p>Multiple loosely scattered pulmonary nodules throughout both lungs; several which are present on the prior exam and are stable. Several; other nodules cannot be localized on the prior examination. This may; be related to differences in slice selection, ho; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.</p>	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Multiple lung nodules due to MAI; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	N/A; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	nodule right lower lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	nodule spot 5mm found on ct; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	none given; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	None; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Patient has a 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.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	post op evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pt complains of Shortness of breath as well as cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pt has shortness of breathe; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	r/o PE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Remote history of ocular tuberculosis, confirmed by state testing, and was treated with a 4 drug regimen in 2012. Her angiotensin converting enzyme has been elevated at times and multiple physicians have commented on the fact that they think she has sarco; 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	severe COPD with Pulmonary emphysema; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Single 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Trish at MDO requesting to skip clinical questions will fax clinical; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Unexplained shortness of breath, possible COPD in patient who has never been 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	unexplained 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.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 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.	1
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		5
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5

Pulmonary Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are clinical findings or indications of Lymphadenopathy.	1
Pulmonary Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/20; 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 >;	1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ENLARGED LYMPH NODES IN THE ABDOMEN SHOWN ON A CT	1

Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor	1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and or pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	1
Pulmonary Medicine	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.	1

Pulmonary Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; There is a 13.5 mm mass in segment 7 of the liver. This has Hounsfield units of 25.6 and cannot be considered a cyst. There is a second area of decreased attenuation seen on the liver windows in segment 6/7 which measures 1.9 x 2.8 cm in size.	1
Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY		4
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; It is unknown if the solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.	1

Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		6
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	4

Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	6
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	3
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.	1

Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Pulmonary Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	5
Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; 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

Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.	1
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening			6
Pulmonary Medicine	Approval	S8032 Low-dose Computed Tomography 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
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; 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.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	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.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/16/2016; There has not been any treatment or conservative therapy.; copd	1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Follow up from hospitalization for COPD.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	pt had CT on 09/19/16 at NEA hospital it showed paraseptal emphysema and Lung nodule in the right lobe and lung nodule in the left lower lobe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	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 had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	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 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.	1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	would like to have repeat PFTs and imaging studies performed here, as she had some changes on CT per outside report, and would like to know if these is persistent and contributory; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Pulmonary Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.; Lung ca	1
Pulmonary Medicine	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was 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.	1
Pulmonary Medicine	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Pulmonary Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary		1
Pulmonary Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Radiation Oncology	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-20-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; radiation treatment	1
Radiation Oncology	Approval	70450 CT BRAIN, HEAD	Pt is currently undergoing chemo and radiation therapy for the larynx cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.; Pt has a mass in neck and causing constriction to his airway; he can't breath; Pt has known larynx cancer.	1
Radiation Oncology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7-20-2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; radiation treatment	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Pt is currently undergoing chemo and radiation therapy for the larynx cancer; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < 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.; Pt has a mass in neck and causing constriction to his airway; he can't breath; Pt has known larynx cancer.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.	1

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	6
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	UNKNOWN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metatstasis	1
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."	2
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>10 cm right upper lobe lung carcinoma directly invading mediastinum / right hilum. Complete or near-complete obstruction right mainstem bronchus. Mass extended from right mainstem bronchus superiorly to pleural surface near right upper lobe apex. Multiple; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Brain METS, Vertigo, ringing in the ears.malnurition.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</p>	1
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New diagnosis Left lung cancer with mediastinal lymph node positive disease. MRI needed for completion of staging.; This request is for a Brain MRI; The study is NOT being requested 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
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAD BREAST CANCER AND METASTICIZED TO THE BRIAN (LESIONS) 2.5MM RIGHT LESION (MRI 9/12/16), FULLNESS AND DRAINAGE FROM EARS, PET SCAN IN AUG SHOWED LIVER LESION,; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.	1
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Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Re eval; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a MRI 2mm for treatment planning for SRS. Once obtained plans will be made for pt to get her treatment. This was requested by radiation MD. Her 12/07/16 MRI showed: 1. Mild worsening of cerebral and cerebellar metastatic disease. Specifically, an; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	2

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is 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
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	21

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	2
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Radiation Oncology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	4
Radiation Oncology	Approval	71250 CT CHEST, THORAX	bone scan came back abnormal; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Radiation Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Radiation Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Radiation Oncology	Approval	71250 CT CHEST, THORAX	UNKNOWN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	08/23/2016: ames returns to clinic today where he has been treated with hormonal therapy for his metastatic prostate cancer to bone. He is currently on Lupron on a three-month basis. It was given one month ago. He is due in two months. He is on daily Caso; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	2
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Radiation Oncology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis	2

Radiation Oncology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	4
Radiation Oncology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	1
Radiation Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	2
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;	1

Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Radiation Oncology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	10 cm right upper lobe lung carcinoma directly invading mediastinum / right hilum. Complete or near-complete obstruction right mainstem bronchus. Mass extended from right mainstem bronchus superiorly to pleural surface near right upper lobe apex. Multip; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.	3

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for 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.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for 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.	4
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	4

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The 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.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.	1

Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.	2
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	2
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is NOT existing evidence of metastasis or other tumor in the body.; There is a head and/or neck tumor that has been persistent over 3 months.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Radiation Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.	2

Radiation Oncology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Radiation Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Teresa returns today for acute visit with complaints of cough, increased fatigue, blisters in throat x 1 week. She is followed by Dr. Bradford for Extensive disease SCLC with liver and bone mets. She reports she finished her last PCI treatment last Monday; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Radiation Oncology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Radiation Oncology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Radiation Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Teresa returns today for acute visit with complaints of cough, increased fatigue, blisters in throat x 1 week. She is followed by Dr. Bradford for Extensive disease SCLC with liver and bone mets. She reports she finished her last PCI treatment last Monday; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	08/23/2016: ames returns to clinic today where he has been treated with hormonal therapy for his metastatic prostate cancer to bone. He is currently on Lupron on a three-month basis. It was given one month ago. He is due in two months. He is on daily Caso; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; 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.	1

Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Radiation Oncology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1
Radiology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient 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
Radiology	Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	3

Radiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2
Radiology	Approval	70554 Functional MRI Brain	; Yes, this is a Functional MRI Brain.	1
Radiology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Radiology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.	1
Radiology	Approval	71250 CT CHEST, THORAX	Pt is a 30 pack year smoking history with a positive family history for Lung Cancer, pt has COPD, recent Lung Screening shows abn airway densities in RLL Lung segments, increasing mucous plugging, possibility of endobronchial lesion contributing to persis; 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.	1

Radiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. > This study is being ordered due to known or suspected infection.; It is not known if 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.; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.	1
Radiology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Radiology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	3
Radiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	1
Radiology	Approval	74181 MRI ABDOMEN	; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; 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
Radiology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study.";	3
Radiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	3
Radiology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1

Radiology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1
Radiology	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Radiology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Radiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Radiology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1

Rehabilitations	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.	1
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does 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
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Rehabilitations	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Rehabilitations	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; radiating pain and 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
Rheumatology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST		pt has had hoarseness for over a month; 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	1
Rheumatology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1

Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is NOT being ordered as a 12 month annual follow up.	1
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.	1
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	3
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1

Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life.	1
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1
Rheumatology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Rheumatology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	5

Rheumatology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Rheumatology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Rheumatology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Rheumatology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1
Rheumatology	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; cough with hemoptysis.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	2
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.	1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.	1

Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	8
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	4
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	20
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	2
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	8
Rheumatology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	will fax in 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
Rheumatology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	2

Rheumatology	Approval	72192 CT PELVIS WITHOUT CONTRAST	She also has a burning sensation that originates in her right hip and then radiates up posteriorly to her buttocks and down to her right knee. The pain in her right hip is worsened by certain position changes. Twisting of her body causes increased pain in; 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.	1
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	11
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; July 28,2016; There has been treatment or conservative therapy.; hand pain, swelling, tingling, joint pain; pain management	2

Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain in right and wrist, arthritis, swelling in joints and stiffness; medications (prednisone butalbital, imitrex), steroids	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.	2
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	4
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	21

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain in right and wrist, arthritis, swelling in joints and stiffness; medications (prednisone butalbital, imitrex), steroids	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	2
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	6
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.	1

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	2
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1

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

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for 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.; Patient has Fibromyositis/osteoarthritis right knee.She is under treatment for erosive osteo-#x0D; arthris of her hands.She has a calcified mass in the distal#x0D; femur associated with right#x0D; knee pain.We have talked about knee replacements no unfortunately with; Suspicious Mass or Suspected Tumor/ Metastasis	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is 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
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
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Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
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Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).</p>	5

Rheumatology

Approval

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

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

1

Rheumatology

Approval

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

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

1

Rheumatology

Approval

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

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

1

Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Rheumatology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	1

Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	<p>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</p>	1
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Rheumatology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Radiology Services Denied Not Medically Necessary</p>	<p>She has seropositive rheumatoid arthritis maintains on Arava more worrisome is that of persistent neck and lower back pain with numbness and tingling in fingers, toes and symptoms of radiculopathy; She was placed on gabapentin, which she says does not hel; This is a 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
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Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; mild to moderate disc disease previous MRI was in 11/2014 bilateral lower extremity weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
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Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; 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.; unchanged; Soma 350 mg tablet Voltaren 1 % topical gel predniSONE 5 mg tablet/ gabapentin 300 mg capsule Vitamin D2 50,000 unit capsule	1
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Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal labs/ ESR raised; 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
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	wrist pain with numbness; This study is being ordered for Inflammatory/ Infectious Disease.; 5/16/2016; There has been treatment or conservative therapy.; hip pain headaches restless leg syndrome; MEDs Labs	1
Rheumatology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The 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
Rheumatology	Disapproval	72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	wrist pain with numbness; This study is being ordered for Inflammatory/ Infectious Disease.; 5/16/2016; There has been treatment or conservative therapy.; hip pain headaches restless leg syndrome; MEDs Labs	1
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	2

Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	3
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	2
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	4

Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.	1
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;	1
Rheumatology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	see notes attached.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has failed RX, formal PT, multiple ESIs, rest and activity modification over past few years. symptoms are worsening; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness with straight leg raise, antalgic gait. neurovascular LE weakness- L3-L4 nerve distribution sensory decrease; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	6

Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Sports Medicine	Approval	72196 MRI PELVIS	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1

Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Surgery	Approval	70450 CT BRAIN, HEAD		FOREHEAD MASS, LOCALIZED IN FACE, SIZE IS 1 CM, CONSISTENCY IS HARD, NO DRAINAGE, MEDIAL ASPECT OF RIGHT FOREHEAD IN THE EYEBROW JUST BEFORE IT TURNS DOWN TO NOSE HARD LUMP, CANNOT TELL IF IT IS MOVING OR IF THE SKIN IS MOVING AROUND IT; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the skull.; This study is being requested for known or suspected brain tumor, mass or cancer.	1
Surgery	Approval	70450 CT BRAIN, HEAD		Patient has mental status change.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Surgery	Approval	70450 CT BRAIN, HEAD		Patient was a hospital discharge on 9/22/16 - Trauma Syncope Follow-up; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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

Surgery	Approval	70450 CT BRAIN, HEAD	THE PATIENT WOKE UP ONE DAY WITH LOSS OF SMELL AND LOSS OF TASTE. HAS HEADACHES EVERY DAY.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< 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.	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	. 33 year old female seen for a neck nodule for Dr. Kerry Pennington. There is concern for potential supracollicular adenopathy. She reports she noticed a nodule in mid-September on her left collar bone that has not increased in size. States she has mil; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2016; There has been treatment or conservative therapy.; left collar bone nodule with pain; Patients PCP prescribed Doxycycline	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Enter answer here - or Type In Unknown If ONE MONTH AGO; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.;	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	none; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump got smaller.	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	5
Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	2

Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Follow up study for colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.	2
Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	4
Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1

Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	2
Surgery	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	3
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Surgery	Approval	71250 CT CHEST, THORAX	. 33 year old female seen for a neck nodule for Dr. Kerry Pennington. There is concern for potential supracollicular adenopathy. She reports she noticed a nodule in mid-September on her left collar bone that has not increased in size. States she has mil; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/15/2016; There has been treatment or conservative therapy.; left collar bone nodule with pain; Patients PCP prescribed Doxycycline	1
Surgery	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	2
Surgery	Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If No Info Given; .Pt had a lap/chole 4/16.CT abd/pel showed a non-calcified pulmonary 6mm nodule lateral basal segment of (R) lower lobe More inferiorly are 2mm non-calcified nodules. Recommended Chest CT in 6 mos; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Surgery	Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If ONE MOTH AGO; This study is being ordered for Congenital Anomaly.; ; There has not been any treatment or conservative therapy.;	1

Surgery	Approval	71250 CT CHEST, THORAX	Follow up study for colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Surgery	Approval	71250 CT CHEST, THORAX	Patient had an abnormal chest x-ray and there is a questionable 12.1 mm nodule in the right midlung.; 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.	1

Surgery	Approval	71250 CT CHEST, THORAX	<p>Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain.; There has been treatment or conservative therapy.; Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain; Patient has had EGD and UGI as well as taking Nexium for the reflux.</p>	1
Surgery	Approval	71250 CT CHEST, THORAX	<p>Pre operative for hiatal hernia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/18/2016; There has not been any treatment or conservative therapy.; Reflux</p>	1

Surgery	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Surgery	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgery	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgery	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Surgery	Approval	71250 CT CHEST, THORAX	unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient has a 11cm subcutaneous mass on her upper back. It is causing her discomfort and has been present for 10 years. Physical exam shows probable lipoma, but scan is being ordered to prove diagnosis and determine treatment; 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.	1
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; The patient has a history of severe low back trauma or lumbar injury.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	3

Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.	1
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; To evaluate cervical neck strain from a motor vehicle accident.; It is not known if the patient have new or changing neurological signs or symptoms.	1
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has not been any treatment or conservative therapy.; Severe DJD of the lumbar spine, severe bilateral hip pain	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	5

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to known or suspected 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.	2
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered because of a suspicious mass/tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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.	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	anal fistula and needs to be drained; 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.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Enter answer here - In The patient states he felt a pop in the area between the scrotum and the anus. He states that his testicles swelled up and then seemed to reduce back into the area between the scrotum and rectum. The patient had an U/S of the scro; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	He is s/p right inguinal hernia repair on 1/8/15. He is s/p left inguinal hernia repair 12/08/14. For the first couple of months after his right inguinal hernia repair he had some pain still to his right groin. He just attributed it to normal post-op pain; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	incision and drainage rectal abscess; 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.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	L testicular pain; No obvious hernia appreciated today; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	left hernia repair; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is having rectal pain s/p low anterior colon resection. Upon physical rectal exam, staples were felt but the anastomosis could not be felt, as it is far posterior. Ileostomy takedown is being considered, but we would like to evaluate the anastomosis; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Patient presents with lower abdominal/pelvic pain that has been present for about 6 months. This is a suspected hernia that may need surgical intervention. CT ordered to rule out hernia, if possible.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.</p>	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Returns again in regard to right groin pain. We performed RIHR on 11/30/15. He felt better for a few months, but now has noted return of his preop sx: sharp tearing right inguinal pain, right testicular pain, shooting radicular pains down right posterior; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.</p>	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>To evaluate right groin pain and to rule out right inguinal hernia for surgery.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.</p>	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Watching a follow up before surgery.; 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.	1
Surgery	Approval	72196 MRI PELVIS	38-year-old female 3 months status post right abdominal wall and abdominal wall mass excision pathology scar with muscular aponeurotic formations although could not completely rule out desmoid tumor. Patient reports that initially her pain completely reso; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Surgery	Approval	72196 MRI PELVIS	COLORECTAL CANCER STAGEING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.	1
Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2

Surgery	Approval	72196 MRI PELVIS	To follow up and evaluate abdominal lymphadenopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; To follow up and evaluate abdominal lymphadenopathy.; It is not known if there has been any treatment or conservative therapy.; To follow up and evaluate abdominal lymphadenopathy.	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.	4
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.	4
Surgery	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	11/2014 surgeon took Pt to OR and could not identify lesion, seeing this MDO for second opinion, took Pt to OR in 11/2015 could not find mass, suspects vascular malformation.; This study is being ordered for Vascular Disease.; 2014; There has not been any treatment or conservative therapy.; mass in left upper arm, discomfort and radicular nerve pain down to hand	1

Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	11/2014 surgeon took Pt to OR and could not identify lesion, seeing this MDO for second opinion, took Pt to OR in 11/2015 could not find mass, suspects vascular malformation.; This study is being ordered for Vascular Disease.; 2014; There has not been any treatment or conservative therapy.; mass in left upper arm, discomfort and radicular nerve pain down to hand	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	12
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	2
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	17
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Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.	2
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Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.	1
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Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	1

Surgery

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

1

Surgery

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pain, positive tissue culture; This study is being ordered for Vascular Disease.; 8/9/2016; There has been treatment or conservative therapy.; Pain, infection; Wound treatment, medication	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	pt still having pain in the right knee after medication therapy; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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

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

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

1

Surgery

Approval

73720 MRI LEG OR LOWER
EXTREMITY , OTHER THAN JOINT

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

1

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	4
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; 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

Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
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Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain.; There has been treatment or conservative therapy.; Patient has been having throat pain last three months. EGD and UGI were normal. Patient has been having trouble swallowing medication. Having cough and wheezing. Patient has chest pain on exertion and at rest. Patient has been having abdominal pain; Patient has had EGD and UGI as well as taking Nexium for the reflux.	1
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Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	2
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.	1

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.	1
Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; 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.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; 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.	1
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Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	caller, Robin L (MDO) wanted. CT guided drainage ct scan but did have CPT. Caller asked if CPT 74174 and CT Guided drainage the same as fluoroscopy. I could not advise. Caller wanted to go with CPT 74177; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
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Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	diarrhea, chronic, severe in nature, pt has been having persistent diarrhea for 8 months, has diarrhea over 20 times daily aggravated by nothing in particular.; 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.	1
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Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow up study for colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; It is unknown if imaging studies have been performed on the member in the past 3 months.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Is currently suffering from lymphadenopathy and has a history of melanoma.; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Large hernia over her right lower abdomen; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATEINT HAS A RIGHT UPPER QUADRANT ABDOMINAL WALL HERNIA. 3-4 MONTHS HISTORY OF AN ENLARGING BULDGE.; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has increasing abdominal swelling over past couple months. Patient has history of hernia. CT scan to rule out abdominal wall hernia and recurrent inguinal 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.; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has port placement and had pain every since the port placement was put in. Dr. want to evaluate it.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible Hernia.; 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.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt having abd. pain and swelling. S/p gallbladder removal (09/26/2016).; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	recurrent incisional hernia on exam; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Rule out chronic diverticulitis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The Pt has nausea, vomiting diahrhea, weight loss, poor appetite.; 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.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	29
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; UNKNOWN	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient 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.	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation;	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Patient is post op cholecystectomy on 11/8/16 and To evaluate post op right upper quadrant pain.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; POSTOP ABD PAIN, LAP UMBILICAL HERNIA REPAIR 7/14/16 WITH HEARTBURN AND NAUSEA. THIS IS HER SECOND VISIT BACK AND STILL HAS PAIN	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	29
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; <Enter Additional Clinical Information>	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; 6 mo f/u ct abdomen/pelvis from a gastrointestinal stromal tumor repair on 4/18/16.CT is requested to make sure pt does not have a recurrence.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; abscess may have re acquired	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	56

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	5
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	8
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	12

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdomen (normal) soft, nontender, and no organomegaly or palpable masses; no visible skin abnormalities. She has focal pain on the left side just medial to the anterior superior iliac spine. I can't appreciate a specific sac but coughing with palpation in	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal wall hernia	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Ct is being ordered to evaluate RLQ abdominal pain at previous appendectomy incision site. Rule out incisional hernia	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Incisional hernia, Hernia Repair - 2016 - incisional, bulging, abdomen is very inflamed and tender, abdominal pain,	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Intermittent perri umbilical pain.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; LARGE HERNIA	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; lower quadrant pain	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; LUQ pain	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; non visualization of gall bladder, with nausea, fatty liver	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient having pain and want to rule out hernia	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient is status post sigmoid colectomy from 2015 and is experiencing left upper quadrant pain. Dr Degges is requesting CT Abdomen and Pelvis to evaluate abdominal pain.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient presents with upper abdominal pain, nausea, and constipation. Suspected hernia, but no hernia present upon physical examination. CT needed to rule out hernia or any other problem.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt had diarrhea since 11/4/2016, post surgery	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has a bulging mass on her abdomen, suspected as a hernia	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; R/O hernia	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RECURRENT LEFT LOWER QUAUDRANT PAIN, TENDERNESS UPON PALPATION, CANNOT STAND ERECT FOR LONG PERIODS WITH PAIN.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Requesting CT Abdomen Pelvis Enterogram with Contrast to rule out liver mass and follow up on abnormal ultrasound.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; see attached clinicals	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; she has a suspected hernia	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; The patient is having bright red rectal bleeding and abdominal pain. He had a colonoscopy on 9/30/16 that was normal	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; u/s normal coughing & bending increases pain	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; UNKNOWN	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Upper right quadrant abdominal pain for 3 months. More constant now, exacerbated by foods and physical activities, radiates to his back, no nausea or vomiting, recent abdominal ultrasound shows a polyp in the neck of the gallbladder. No actual gall stones	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	7
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; has abdominal surgery and now has a palpable mass found at surgical sight. Trying to rule out a hernia.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	7
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	6

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.;	1
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Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1
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Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	4
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	weight loss and possible right upper quadrant mass; 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.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	weight loss, blood out of rectum,; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Approval	74181 MRI ABDOMEN		1
Surgery	Approval	74181 MRI ABDOMEN	38-year-old female 3 months status post right abdominal wall and abdominal wall mass excision pathology scar with muscular aponeurotic formations although could not completely rule out desmoid tumor. Patient reports that initially her pain completely reso; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Surgery	Approval	74181 MRI ABDOMEN	COLORECTAL CANCER STAGEING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Surgery	Approval	74181 MRI ABDOMEN	Possible functional paraganglioma in the LUQ. CT scan reviewed. It is noncontrasted. There is a small 1cm lesions just medial to the left adrenal; This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is not planned for within 30 days.	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; follow up for liver transplant	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; abdominal tenderness, HX of prostate cancer, liver lesion, annual file up to check for metastasis	1

Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; follow up on 3.9cm x 3.6cm x 3.1cm liver mass.	1
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Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Follow-up of her laparoscopic cholecystectomy for suspected biliary dyskinesia. She had reproduction of pain with cholecystokinin. She underwent a laparoscopic cholecystectomy. Pathology just showed some mild chronic cholecystitis.   She has done	1
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Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had Lap Chole done. at that time a liver mass on the right lobe was seen. since then patient has had ultrasounds showing this mass is growing	1
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Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" CT scan shows pancreatitis and also a 4cm mass in the tail of his pancreas	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;" < Enter answer here - or Type In Unknown If No Info Given. >	1
Surgery	Approval	74181 MRI ABDOMEN	To follow up and evaluate abdominal lymphadenopathy.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; To follow up and evaluate abdominal lymphadenopathy.; It is not known if there has been any treatment or conservative therapy.; To follow up and evaluate abdominal lymphadenopathy.	1
Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown; There has not been any treatment or conservative therapy.; Severe DJD of the lumbar spine, severe bilateral hip pain	1
Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	4

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	BLOODY NIPPLE DISCHARGE. EVALUATION BY MAMMOGRAPHY/ULTRASOUND IS LIMITED DUE TO NUMEROUS MASSES AND CALCIFICATIONS OF EACH BREAST. MRI RECOMMENDED TO CHECK FOR MALIGNANCY. SHE IS CLASSIFIED AS BIRADS 4,SUSPICIOUS ABNORMALITY.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	needle biopsy indicated cancer; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	patient has breast cancer newly diagnosed; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	POSITIVE PATHOLOGY ON 12.13.2016; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.; 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
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.; There are benign lesions in the breast associated with an increased cancer risk.	1

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There 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
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	11
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	7
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	9

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.	4
Surgery	Approval	78813 PET IMAGING WHOLE BODY		1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	2
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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.	1

Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.	1

Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient 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.	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.	2
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1

Surgery	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	1
Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Visual changes, dizziness, headaches and giddiness; 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
Surgery	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has severe pain, and has been on antibiotics and has had a dental evaluation as well.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (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	1
Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1

Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type Large areas of fatty deposits without demonstrable encapsulation, medial to the tips of the scapulae bilaterally, poorly mobile. CT to see if there is any encapsulation. Initial impression is to just leave this alone as it wou; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	F/U 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.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	has a cut under left breast that will not heal; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SOB S/P lung surgery ca w/ mets to 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.	1

Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; increased pain in neck with radiculopathy in arms and hands and mid back pain; seen previous neurologist	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological 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.; increased pain in neck with radiculopathy in arms and hands and mid back pain; seen previous neurologist	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1

Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; "radiculopathy " and tenderness 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
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1

Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; This study is being ordered for trauma or injury.; 8/29/16; There has been treatment or conservative therapy.; continued low back, left shoulder, and right hip pain low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; PT 9/7/16	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radicular pains down right posterior thigh. sharp tearing right inguinal pain, right testicular pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Surgery	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	enlarged cervical nodes, abnormal weight loss; 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.	1
Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 11/24/2016; There has been treatment or conservative therapy.; pain is primarily located on the dorsum of the left hand between the 3rd and 4th metacarpals. Pain is described as aching, and worsens with flexion. Improves with warm water soaks. He also complains of pain in his biceps during elbow flexion. Palpable cor; Hot water soaks	2

Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 08/13/2015; There has been treatment or conservative therapy.; Neuropathy, numbness and pain.; Steroid injections, NSAIDs	2
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; This study is being ordered for trauma or injury.; 8/29/16; There has been treatment or conservative therapy.; continued low back, left shoulder, and right hip pain low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; PT 9/7/16	1
Surgery	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	None.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1

Surgery	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; This study is being ordered for trauma or injury.; 8/29/16; There has been treatment or conservative therapy.; continued low back, left shoulder, and right hip pain low back pain that sometimes radiates down his leg. He states the hip pain is making him change his gait. The shoulder pain occurs with lifting objects in front of him.; PT 9/7/16	1
Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Surgery	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Large mass in groin area on pelvic bone on muscle, hurts pt when walking.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient came in to our office today with complaint of left flank radiating to left groin pain. over last several weeks with increase in pain over weekend.; 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.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>	2

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; <Enter Additional Clinical Information>SHE HAVING ABDOMINAL PAIN SHE , MAY HAVE A HERNIA	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; He has right inguinal swelling, repair of right inguinal, 6-8 month post op evaluation, sudden onset pain and repair mesh may have pulled loose. Decreased activity and pain was better but now he has swelling.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; None	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient needs a follow up CT. Had abnormal findings on diagnostic imaging of other abdominal regions such retroperitoneum.	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>	1
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Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Abd Wall palp mass	1
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Surgery

Disapproval

74176 CT ABD & PELVIS W/O
CONTRAST

Radiology Services
Denied Not
Medically
Necessary

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; have reviewed her scans and the small mass near the ileocecal valve is concerning. There is also some nearby thickening of the cecum An nearby terminal ileum. Given her history of recurrent carcinoid tumor and the description offered by the radiologist,

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; <Enter Additional Clinical Information>	1
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Mri IS RECOMMENDED AS THE MAMMOGRAM AND ULTRASOUND ARE INCONCLUSIVE AND MRI WILL BE ABLE TO PROVIDE CLARIFICATION OF THE UNUSUAL AREA. THE RESULTS OF WHICH WILL DETERMINE TREATMENT FOR THE PRESENTING SYMPTOMS.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1

Surgery	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.	1
Surgery	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary	requesting MRCP prior to ERCP to see if patient has stones in bile duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Surgical Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	2
Surgical Oncology	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	7
Surgical Oncology	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.	1

Surgical Oncology	Approval	71250 CT CHEST, THORAX	Newly diagnosed left knee soft tissue sarcoma. Initial staging needed prior to determine treatment options.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Surgical Oncology	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Surgical Oncology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Surgical Oncology	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."	1
Surgical Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.	1

Surgical Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	I saw and examined the patient, and agree with the findings and plan as described above. I reviewed her prior records and history in detail. In retrospect, her 2 prior attacks of pancreatitis were likely related to the mass in the head of her pancreas. He; 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.	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	2

Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.	1
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Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; none	1
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Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Surgical Oncology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; liver lesions shown on prior imaging, evaluate for metastatic disease	1
Surgical Oncology	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgical Oncology	Approval	74181 MRI ABDOMEN	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.	1

Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	previous biopsy proven radial scar which has been excised by lumpectomy in april 2016. Mri to re evaluate lumpectomy site.; 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
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1

Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		Newly diagnosed left knee soft tissue sarcoma. Initial staging needed prior to determine treatment options.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Surgical Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; 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.	1
Surgical Oncology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Surgical Oncology	Disapproval	72196 MRI PELVIS	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.; 11/6/2009; There has been treatment or conservative therapy.; Right hip pain; I have suggested a repeat MRI scan after the first of the year and may be helpful in the treatment plan of continued anti-inflammatories and weight reduction (crutch use for least 4 weeks) has been recommended. Ms. Logsdon and her husband would like to	1
Surgical Oncology	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/6/2009; There has been treatment or conservative therapy.; Right hip pain; I have suggested a repeat MRI scan after the first of the year and may be helpful in the treatment plan of continued anti-inflammatories and weight reduction (crutch use for least 4 weeks) has been recommended. Ms. Logsdon and her husband would like to	2
Thoracic Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 05/2016; There has not been any treatment or conservative therapy.; Pt has dizziness/ slurred speech at times/ syncope episodes	1

Thoracic Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 05/2016; There has not been any treatment or conservative therapy.; Pt has dizziness/ slurred speech at times/ syncope episodes	1
Thoracic Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; not sure of the onset date but the patient had an ultra sound in which the doctor now needs a CTA; There has not been any treatment or conservative therapy.; this is a follow up for the doctor to see if there is any blockage	1
Thoracic Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	2
Thoracic Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	9
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	BUBBLING IN THE 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.	1

Thoracic Surgery	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	4/29 L spine mri showed type b aorta dissection recommended ct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has not been any treatment or conservative therapy.; severe low back pain	1

Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Mr. Hudson is here today by request of Dr. Huber to be further evaluated for his mitral regurgitation and ascending aortic aneurysm. He has underwent recent SCA which shows nonobstructive CAD, severely increased LV end diastolic pressure, 4+ MR as well as; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	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.; prior to 3/2015; There has been treatment or conservative therapy.; AAA; surgery	1
Thoracic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Unknown; This study is being ordered for Vascular Disease.; 2013; There has been treatment or conservative therapy.; Unknown; Patient underwent repair in 2013	1
Thoracic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Thoracic Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	4/29 L spine mri showed type b aorta dissection recommended ct; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/2016; There has not been any treatment or conservative therapy.; severe low back pain	1
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	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.; prior to 3/2015; There has been treatment or conservative therapy.; AAA; surgery	1
Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Unknown; This study is being ordered for Vascular Disease.; 2013; There has been treatment or conservative therapy.; Unknown; Patient underwent repair in 2013	1

Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	1
Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; umbilical hernia -lump above ambillixus	1
Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	2
Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Thoracic Surgery	Approval	75571 Coronary Artery Calcium Score, EBCT	5.3cm aneurysm.; This study is being ordered for Vascular Disease.; 10/2016.; There has been treatment or conservative therapy.; Abdominal pain, SOB, chest tightness.; AAA discovered in a CT scan. Has seen Cardiologist.	1
Thoracic Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	5
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pre surgery clearance for vascular surgery and cannot do treadmill test.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Thoracic Surgery	Approval	78459 Myocardial imaging, PET		1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Ovarian or Esophageal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.	1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	2

Thoracic Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		5.3cm aneurysm.; This study is being ordered for Vascular Disease.; 10/2016.; There has been treatment or conservative therapy.; Abdominal pain, SOB, chest tightness.; AAA discovered in a CT scan. Has seen Cardiologist.	1
Thoracic Surgery	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is 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
Thoracic Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Thoracic Surgery	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Unknown	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT		This is a request for a temporomandibular joint MRI.	1

Unknown	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient 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
Unknown	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1
Unknown	Approval	70450 CT BRAIN, HEAD	FAMILY HISTORY OF ALL TIMER , HISTORY OF CONCUSSIONS; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
Unknown	Approval	70450 CT BRAIN, HEAD	new onset of head and face pain post fall, headache syndrome; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	1
Unknown	Approval	70450 CT BRAIN, HEAD	numbness on left side , passing out; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; It is unknown why an MRI is not being considered	1

Unknown	Approval	70450 CT BRAIN, HEAD	patient has seizure disorder had previous history of head trauma having headaches; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Unknown	Approval	70450 CT BRAIN, HEAD	pt is experiencing dizziness associated with headache to frontal aspect and left occipital region. When pain occurs it is severe in nature but last seconds. Pt also experiencing fatigue with cervical spine tenderness. Denies any stiffness to neck.; 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
Unknown	Approval	70450 CT BRAIN, HEAD	Restaging; IMPRESSION; 1. Diffuse large B cell lymphoma, diagnosed 3/20/14.; BMC CT chest 3/17/14 revealed multiple non-calcified pleural based masses which are more numerous on the left. A few non-calcified parenchymal nodules are also seen in the; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.	3

Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.	1
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.	2
Unknown	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	4
Unknown	Approval	70450 CT BRAIN, HEAD	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"	1
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.	1

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	deviated Septum!!; 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)	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Patient first c/o sinus issues on 10/3/2016. Thought he was getting seasonal allergies because his father had them. Was prescribed Augmentin, Prednisone, and Fluticasone. He had F/U apt on 11/15/16 and symptoms are still present. He has had a 12 pound we; 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	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.	3
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; 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)	1

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks)	15
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	NECK/THYROID: fullness in both submandibular glands, thyroid full no nodules, no LAD.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Restaging  IMPRESSION  1. Diffuse large B cell lymphoma, diagnosed 3/20/14.  BMC CT chest 3/17/14 revealed multiple non-calcified pleural based masses which are more numerous on the left. A few non-calcified parenchymal nodules aer also seen in the; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	restaging, nasal and upper lip drainage, bleeding; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.	10
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Unknown	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	3
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Pt is having optical migraines and worsening in vision.; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1987; There has been treatment or conservative therapy.; Headaches, Visual disturbances, Light headed and dizziness, slurred speech.; Monitored, Medications.	1
Unknown	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Unknown	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1

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

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1987; There has been treatment or conservative therapy.; Headaches, Visual disturbances, Light headed and dizziness, slurred speech.; Monitored, Medications.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; PT WAS DIAGNOSED WITH MS IN 2013. THIS IS ANNUAL MRIs.; There has been treatment or conservative therapy.; lower back pain, bilateral legs, primary right leg, and both feet.; Copaxone, carbazpamine	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	AUDITORY HALLUCINATIONS. HEADACHES- LEFT FRONTAL AREA- GETS THESE EVERYDAY SINCE 1995; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Cox presents back today with continued HA. It has never completely resolved from when she was in the other day. She states that it even hurts to touch that side of her head and now her blood pressure has also been higher than normal; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has about 4 of these excruciating headaches a month. She also has episodic dysarthria and extremity numbness along with the headaches. They have progressively gotten worse.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient is now having almost constant left occipital pain that radiates around her left eye sometimes associated with nausea and are occurring on a daily basis. much of the pain is deep throbbing headache but also reports some shooting pain along the scal; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	problems with neck pain, headaches, tremor and marked extremity movements;/ This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	7
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	5
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	5
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	3
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	2
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	4
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	4

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Unknown	Approval	71250 CT CHEST, THORAX		2
Unknown	Approval	71250 CT CHEST, THORAX	"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	3
Unknown	Approval	71250 CT CHEST, THORAX	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.	1

Unknown	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.	1
Unknown	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	13
Unknown	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Unknown	Approval	71250 CT CHEST, THORAX	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	7

Unknown	Approval	71250 CT CHEST, THORAX	<p>Assessment: -Dyspnea and chest pain. It is our feeling that this patient likely has small airways disease from exposure to welding fumes. I am finding very little in the literature on how to treat this. Patient's with exposure to welding fumes can dev; 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.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>Crackle in the lungs; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>CT Chest is being done per request of Radiologist instead of doing an MRI Breast. Pt has had a bilateral mastectomy with reconstruction and has not had mammogram since reconstruction. Pt went through chemotherapy for the cancer of the breast around 2004 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.</p>	1

Unknown	Approval	71250 CT CHEST, THORAX	Follow up visit, stage 4 lung adenoid carcinoma, back pain and right upper lung mass.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Unknown	Approval	71250 CT CHEST, THORAX	Lung Nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Approval	71250 CT CHEST, THORAX	Mickey is a 57 y/o male here today to establish care. Pt would also like to have a refill on Atrovent. Patient state he was told he had asthma by a pulmonologist, then a different pulmonologist diagnosed COPD. He has been feeling increasingly short of bre; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Unknown	Approval	71250 CT CHEST, THORAX	patient had a ct done that showed abnormalities; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Unknown	Approval	71250 CT CHEST, THORAX	<p>Patient presented to the clinic with Shortness of breath and chest wall pain. CXR showed lesion like mass near right pulmonary apex measuring 2.5 cm. Needs 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.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>Patient recently had a Colonoscopy and was found to have colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>pt c/o a productive cough worse in the mornings, and shortness of breath on exertion. Pt has an abnormal pet scan; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>pt is having shortness of breath. He had a chest xray and it showed suspected evidence of COPD; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>pt is short of breath with no improvement from inhaler. The CT will look for any Mosaicism that may suggest Bronchiolitis obliterans as cause of obstruction; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.</p>	1

Unknown	Approval	71250 CT CHEST, THORAX	Renal cancer status post nephrectomy 6/16/2016; 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.	1
Unknown	Approval	71250 CT CHEST, THORAX	Restaging; IMPRESSION; 1. Diffuse large B cell lymphoma, diagnosed 3/20/14.; BMC CT chest 3/17/14 revealed multiple non-calcified pleural based masses which are more numerous on the left. A few non-calcified parenchymal nodules are also seen in the; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Unknown	Approval	71250 CT CHEST, THORAX	restaging, nasal and upper lip drainage, bleeding; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	71250 CT CHEST, THORAX	Sequela from previous granulomatous infection with multiple noncalcified pulmonary nodules identified measuring up to 8 mm at the middle lobe. Correlation with patient's smoking history and other lung cancer risk factors recommended. High risk patients; 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.	1

Unknown	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.	1
Unknown	Approval	71250 CT CHEST, THORAX	The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.	1
Unknown	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; hx of tuberculosis, worsening cavitary vs emphysematous changes; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1

Unknown	Approval	71250 CT CHEST, THORAX	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt had negative chest x-ray and is currently taking Levaquin 500mg daily and DuoNeb updrafts every 4 hours Auscultation of bilateral lower lung fields reveal no air movement. Pt cannot complete a sentence without stopping to breath. Cannot walk 3 feet ; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	1
Unknown	Approval	71250 CT CHEST, THORAX	<p>There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.</p>	2
Unknown	Approval	71250 CT CHEST, THORAX	<p>this is a 6 month followup for an abnormal CT chest w; 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.</p>	1

Unknown	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Unknown	Approval	71250 CT CHEST, THORAX	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	71250 CT CHEST, THORAX	Ultrasound in Jan and April 2015. Mass keeps returning.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Unknown	Approval	71250 CT CHEST, THORAX	WENT TO ER FOR CHEST PAIN, NEGATIVE WORKUP, CHEST XRAY SHOWED OPACITIES IN THE LEFT HILAR REGION, RECOMMENDED CT CHEST WITH CONTRAST FOR EVAL; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	New patient referred by Dr. Thomas in Conway for eval of persistent afib. He is on Eliquis for stroke prevention. Symptoms include palpitations, fatigue, dyspnea. Onset "his whole life" - likely PACs. H/O GI bleeding - EGD showed Barrett's. He's doing ok ; 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

Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Pt here for followup of bradycardia and NSVT. She denies any chest pain. She denies any syncope. She will have her medtronic pacemaker interrogated in the office today. Her baseline electrophysiology study showed NSVT. She has seen Dr. Lo for consideratio; 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
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Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	pt's Echo shows Aortic Root to be dilated at 5.6cm. Ordering physician is recommending CTA chest to evaluate for Thoracic asending Aortic aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
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Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	3
Unknown	Approval	71550 MRI CHEST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	71550 MRI CHEST	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Follow up C5 fracture, known previous C1 fracture. follow up CT to monitor alignment; 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

Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient was in for recheck of 'lump' on neck, she was rx'd amoxil by L Toth, APRN for 10 days and she has finished the med, the lump has shrunk per pt.; 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
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.	1
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.	1

Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.	1
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	4
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in bilateral upper extremities, including grasping, and numbness down back of arms with sharp stabbing pain from neck down 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
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; PT WAS DIAGNOSED WITH MS IN 2013. THIS IS ANNUAL MRIs.; There has been treatment or conservative therapy.; lower back pain, bilateral legs, primary right leg, and both feet.; Copaxone, carbazpamine	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.;	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	moderate C7 radiculopathy per nerve conduction study; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased hand grip bilaterally, unable to hold coffee cup; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	On 12/26/13 cervical MRI showed anterior fusion C4-C6, disc osteophyte complex at C3-4 causing severe left neural foraminal narrowing at C3-4 and on the right at C6-7; 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

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>positive tinels bilaterally positive Phalnes. Left bicep strength test 4/5. positive spurlings and a +2 triceps biceps and brachioradialis reflex.Doctor wants to order and mri to discern underlying etiology.; 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 in neck with radiating symptoms that prevent her from holding on to objects and grasping anything, pain has gotten more severe with in the past couple of weeks . NO evidence of fracture. Chiropractor adjustments have failed , physical therapy has fai; The patient 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
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; 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>	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.</p>	2

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	16
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	7
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.	3
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Hemangiopericytoma	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 years ago; There has not been any treatment or conservative therapy.; chronic pain in back, numbness and tingling. weakness	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; PT WAS DIAGNOSED WITH MS IN 2013. THIS IS ANNUAL MRIs.; There has been treatment or conservative therapy.; lower back pain, bilateral legs, primary right leg, and both feet.; Copaxone, carbazpamine	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.	1

Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more 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
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Hemangiopericytoma	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 years ago; There has not been any treatment or conservative therapy.; chronic pain in back, numbness and tingling. weakness	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	chronic low back pain with radiculopathy, xrays were normal, unexplained dsource of pain and numbness and weakness. Physical therapy NSAIDS and pain meds do not help. Pain is consistent with L5-S1 dermatomal pattern. Pain with external rotation of the hip; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness that has gone on for over 5 years. in lower back that goes to his legs especially the right side. Physical therapy for over 12 weeks have not helped, NSAIDS like meloxicam has failed also.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>fall down a flight of stairs at home, xrays do not show signs of fracture. Patient has radiculopathy down both lower extremities . Patient has tried physical therapy but because of the pain had to stop.; 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.; lumbar spine pain with radiculopathy and lower extremity and low back weakness after a fall down a flight of stairs at home recently.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</p>	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>patient has back pain x 1 month; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is a 35-year-old black female that returns to the clinic today with ongoing complaints of chronic low back pain that radiates into the left buttock and travels down the left leg at times. She tells me she has been participating in physical therap; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/25/2016; There has been treatment or conservative therapy.; Patient is a 35-year-old black female that returns to the clinic today with ongoing complaints of chronic low back pain that radiates into the left buttock and travels down the left leg at times. She tells me she has been participating in physical therap; MEDICATIONS, THERAPY	1
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Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	possible pars defect, some spondylolysis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; when she has pain and spasms in her back she has weakness going 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
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Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Right L5 radiculopathy secondary to foraminal compromise.; 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 of the lower paraspinals,restricted lumbar flexion and extension, restricted left lateral lumbar flexion and rotation, restricted right lateral lumbar flexion and rotation, right hip flexion iliopsoas 3/5, right knee extension quadriceps 3/5,an; 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
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	3
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient 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
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	39
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	7
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks	2

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	19
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; Hemangiopericytoma	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	. Possible Hernia; This is a recurrent problem. The current episode started 1 to 4 weeks ago. The problem occurs intermittently. The problem has been unchanged. Pain location: right inguinal area. The pain is moderate. The quality of the pain is sharp. Th; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient fell backward and landed on butt. X-rays shows small fracture of coccyx.; 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.	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient recently had a Colonoscopy and was found to have colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	Rule out kidney stone. No infection in urine.; 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.	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	SI JOINT PAIN; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1

Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	To evaluate probable thickening of the wall of the sigmoid colon on CT Scan of Abdomen.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Unknown	Approval	72196 MRI PELVIS	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	72196 MRI PELVIS	Unable to view the cervix; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/16; There has not been any treatment or conservative therapy.; Unable to view the cervix on exam	1
Unknown	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY		

Unknown

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

Patient is a 35-year-old black female that returns to the clinic today with ongoing complaints of chronic low back pain that radiates into the left buttock and travels down the left leg at times. She tells me she has been participating in physical therap; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/25/2016; There has been treatment or conservative therapy.; Patient is a 35-year-old black female that returns to the clinic today with ongoing complaints of chronic low back pain that radiates into the left buttock and travels down the left leg at times. She tells me she has been participating in physical therap; MEDICATIONS, THERAPY

1

Unknown

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

patient is now unable to lift arm past 45 degrees, weakness in hand; 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

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Danna reports looking for rotator cuff tear or supraspinatur tendon tear.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rotator cuff tear	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.	8
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	13

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; XRAY SHOWS DISPLACED HUMERAL HEAD TUBEROSITY FRACTURE. EVALUATE FOR ROTATOR CUFF TEAR, LABRUM, AND FRACTURE. SYMPTOMS: DECREASED MOBILITY,JOINT TENDERNESS, POPPING, AND NOCTURNAL AWAKENING. INURY WAS 11/1/16 FELL TRIPPING OVER DOG.PATIENT WAS SEEN ON 11/3	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; The patient is experiencing joint locking or instability.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	2
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	5

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.; There is documented findings of severe pain on motion.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.	1

Unknown

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

1

Unknown

Approval

73221 MRI JOINT OF UPPER
EXTREMITY

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

1

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	Ct scan or right lower extremity is for preoperative planning after a traumatic injury to patient on Dec 18, 2016.; xrays show a tibial plateau fracture possible bone tumor cannot be excluded however unlikely. 1st and 2nd metatarsal FRACTURES OR THE RT ; This study is being ordered for trauma or injury.; December 18, 2016; There has been treatment or conservative therapy.; right knee, ankle and foot pain associated with fractures from a car wreck on December 18, 2017. Patient cant bear weight or have ROM with out pain. Tibial Plateau FRACTURE ALONG WITH 1ST AND 2ND METATARSAL FRACTURES. Patient is in a lot of pain. Pain med; RICE and change in activity modification.Splint, Non weight bearing. Physical therapy is contra-indicated.	3

Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>. Patient complains of knee pain. The patient notes joint pain. This has been a problem for the past 3 weeks. Primary joints affected include: right knee. Associated symptoms include: swollen joints. He c/o swelling and stiffness when being on his fe; This study is being ordered for Vascular Disease.; Pt. has chronic knee pain, but over the last 3 weeks it has worsened.; There has been treatment or conservative therapy.; Patient complains of knee pain. The patient notes joint pain. This has been a problem for the past 3 weeks. Primary joints affected include: right knee. Associated symptoms include: swollen joints. He c/o swelling and stiffness when being on his feet; Patient complains of knee pain. The patient notes joint pain. This has been a problem for the past 3 weeks. Primary joints affected include: right knee. Associated symptoms include: swollen joints. He c/o swelling and stiffness when being on his feet</p>	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<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.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Patient stepped off of porch into hole and injured Right Ankle. rolled her ankle and then fell on it. Xray right ankle negative except for tiny calcaneal spur. on exam Decreased ROM, Swelling, Tenderness, lateral and medial malleolus tenderness found. Una; 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.</p>	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>positive Apley's; Onset: 3 days ago. Location: right knee. Associated symptoms include decreased mobility, limping, numbness, popping and tingling in the legs. Pertinent negatives include bruising, crepitus, locking, swelling and tingling in the a; 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.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Pt has severe knee pain that continues to get worse. Not able to put much weight on the knee. Not able to squat, twist or bend without pain. Positive McMurrays; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>right ankle x-rays were performed demonstrating anterior lateral talar osteochondral lesion with loose body within the ankle joint.; 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.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.</p>	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	14
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Locking	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; 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
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability	4

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion	3
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.	2

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	8
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	To rule out Lisfranc Injury; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	x-ray examination notable varus heel rotation right greater then left ankle. pain with inversion of the ankle joint, right. Pain does not decrease with NSAIDs; 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
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; 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 injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1

Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	abdomen pain and tenderness in the right side; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>abdominal pain, vomiting, right upper quadrant abdominal pain that has been present for about a year, has worsened in the past month, on and off vomiting, states noticed change in the appearance of stools states the color of stool is tan, right upper qua; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.</p>	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>EVALUATE UMBILICAL HERNIA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis</p>	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Patient recently had a Colonoscopy and was found to have colon cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.</p>	1

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	4
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.	2
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.;	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	DUE TO ABNORMAL ULTRASOUND AND DIASTASIS RECTI, NEED FURTHER EVAL AND LOCATION OF HERNIAS FOR SURGICAL 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 male.; A rectal exam was not performed.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ike Snell is a 28 year old male referred by Dr. Patricia Sullivan. The patient reports that he was diagnosed with diabetes about 2 years ago. The patient is here today with intermittent episodes of nausea and vomiting and a lot of reflux symptoms. The; This is a request for an abdomen-pelvis CT combination.; This study is being 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.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Mickey is a 57 y/o male here today to establish care. Pt would also like to have a refill on Atrovent. Patient state he was told he had asthma by a pulmonologist, then a different pulmonologist diagnosed COPD. He has been feeling increasingly short of bre; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient had a ct done that showed abnormalities; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is s/p EGD and colonoscopy on 09/30/16. It revealed esophagitis, gastritis, hiatal hernia, mucosal changes in rectosigmoid, diverticulosis and hemorrhoidal disease. Pathology revealed minimal chronic gastritis; Helicobacter immunohistochemical stu; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging; IMPRESSION; 1. Diffuse large B cell lymphoma, diagnosed 3/20/14.; BMC CT chest 3/17/14 revealed multiple non-calcified pleural based masses which are more numerous on the left. A few non-calcified parenchymal nodules aer also seen in the; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Significant abdominal pain still in LLQ, Has had max up to 20 bmd per day until 1 week prior, nausea, abdominal pain (/cramping), change in appetite, and frequent diarrhea (better), slight generalized 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.; It is not known if a pelvic exam was performed.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; 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.	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	7

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	18

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Lymphadenopathy.; Other	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.;</p>	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;</p>	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt is needing to be seen by Urologist for recurrent UTI's. Pt has been seen several times for UTI and has been given antibiotics. Urology request a CT of ABD and Pelvis with and without contrast before they will see the pt.</p>	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Unexplained LUQ abdominal pain for more than 3 months.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	25
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	3

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Unknown	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; This study is being ordered for known or suspected infection.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; Infection; UNKNOWN</p>	1
Unknown	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown</p>	1
Unknown	Approval	74181 MRI ABDOMEN	<p>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</p>	1

Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has not had an abdominal ultrasound, CT, or MR study."; for evaluation of hepatic lesions found during ED visit on 10/18/16	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;	1
Unknown	Approval	74181 MRI ABDOMEN	Unable to view the cervix; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/16; There has not been any treatment or conservative therapy.; Unable to view the cervix on exam	1
Unknown	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Yes, this is a request for CT Angiography of the abdominal arteries.	2
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	6 mo follow up to Zleft breast lesion only seen previously on MRI.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1

Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Unknown	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	TWO SUSPICIOUS MASSES FOUND ON MAMMOGRAM OF THE LEFT BREAST.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CARTIAC WRIST EVALUTION PRIOR TO KIDNEY SURGERY BECAUSE PATIENT IS HYPERTESIVE ON MEDICATION; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAD RSE ON11-3-16 THAT WAS EQUIVOCAL. SHE DID NOT REACH HER TARGET HEART RATE. HER PAIN IS ATYPICAL BUT SHE DOES HAVE RISK FACTORS WITH SMOKING HX.; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	2
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Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is 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
Unknown	Approval	78813 PET IMAGING WHOLE BODY	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.	1

Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for 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.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.	1
Unknown	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.	1

Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of 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
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; 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
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	2

Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	2
Unknown	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	1
Unknown	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.	3

Unknown	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	1
Unknown	Approval	93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE REST&STRS	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	8
Unknown	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	1
Unknown	Approval	S8032 Low-dose Computed Tomography For Lung Cancer Screening	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.	2

Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as 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
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for new onset of seizures or newly identified change in seizure activity or pattern.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	facial trauma, facial swelling, cannot breathe out nose; This study is being ordered for trauma or injury.; 11/03/16; It is not known if there has been any treatment or conservative therapy.; facial swelling, cannot breathe out nose	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Left facial pain; 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

Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	n Patient here today with complaints of headaches that have been worsening. She has a history of headaches however they have gotten more frequent and more severe. Her latest one started Saturday evening lasting until This morning around 2:00am while she w; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Nonintractable headache, unspecified chronicity pattern, unspecified headache type; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.	1
Unknown	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	1

Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/21/16; There has been treatment or conservative therapy.; WORSENING HEADACHES; PATIENT HAS TRIED FIORINAL FOR HIS HEADACHES WITH NOT HELP. ALSO HAD SOME PT FOR HIS NECK PAIN WITH NOT HELP	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	COUGH X 2 YRS,OROPHARYNX POST NASAL DISCHARGE,LEFT SIDE CVA,FATIGUE,FEVER,DIARRHEA,SPUTUM; 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.	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	facial trauma, facial swelling, cannot breathe out nose; This study is being ordered for trauma or injury.; 11/03/16; It is not known if there has been any treatment or conservative therapy.; facial swelling, cannot breathe out nose	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt referred for cough and bronchitis and abnormal pulmonary function tests. Has had bronchitis and pneumonia with productive cough but now he is just having a dry cough.; This study is being ordered for Inflammatory/ Infectious Disease.; APPROX. 2 MONTHS AGO (AUG. 2016); There has been treatment or conservative therapy.; SHORTNESS OR BREATH AND TIGHTNESS OF CHEST; PT USES STEROID INHALER, AND HAS HAD ANTIBIOTICS	1
Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for neck soft tissue CT.; 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.	1

Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.	1
Unknown	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/21/16; There has been treatment or conservative therapy.; WORSENING HEADACHES; PATIENT HAS TRIED FIORINAL FOR HIS HEADACHES WITH NOT HELP. ALSO HAD SOME PT FOR HIS NECK PAIN WITH NOT HELP	1
Unknown	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "This 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
Unknown	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	neck pain with bilateral arm neuropathy that is not relieved with NSAID, therapy or other treatments, been present for 3mths; "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
Unknown	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	1

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Also to access for focal lesion.; This study is being ordered for a neurological disorder.; Right hand weakness and contraction. Headaches and neck pain. Hand claws up until she is unable to use it.&#x0D; Also to access for focal lesion.; There has been treatment or conservative therapy.; Right hand weakness and contraction. Headaches and neck pain. Hand claws up until she is unable to use it.&#x0D; Also to access for focal lesion.; Muscle relaxer</p>	1

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT head negative for abnormalities. Patient is positive for nausea and photophobia; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of seizures as a child. Was diagnosed with brain mass (left temporal lobe glioma) at age 17. No treatment since he was 18; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; It is not known if there is 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.	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has had five occurrences of pneumonia since 2013. She was told she had "something in left lung" in 2013 but was unable to follow through because of her lapse in insurance coverage. We are moving forward with a CT because of her history of pneumonia; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has had swelling above her collar bone area for 4-5 days now, over past few days the amount of swelling has increased. Had a pimple on her midchest past 2 days-no other wounds or tick bites.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt referred for cough and bronchitis and abnormal pulmonary function tests. Has had bronchitis and pneumonia with productive cough but now he is just having a dry cough.; This study is being ordered for Inflammatory/ Infectious Disease.; APPROX. 2 MONTHS AGO (AUG. 2016); There has been treatment or conservative therapy.; SHORTNESS OR BREATH AND TIGHTNESS OF CHEST; PT USES STEROID INHALER, AND HAS HAD ANTIBIOTICS	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; CT Chest is being ordered for chronic bronchitis and weight loss; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1

Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ;	1
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2010; It is not known if there has been any treatment or conservative therapy.; RIGHT AREM NUMBNESS & TINGLING & WEAKNESS	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/2015; There has been treatment or conservative therapy.; mbr has scoliosis; PT and Medication	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment 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
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/16/2016: Pt here as a new pt for c/o pain in hips that radiates down legs. Only occurs at night. States this started about a week ago. Also c/o left sided neck pain that radiates down left arm. Only occurs occasionally. States this has been going on fo; It is not known if there has been any treatment or conservative therapy.; Pain on left side of neck that radiates down left arm, pain in lower back that radiates to hips	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Also to access for focal lesion.; This study is being ordered for a neurological disorder.; Right hand weakness and contraction. Headaches and neck pain. Hand claws up until she is unable to use it. Also to access for focal lesion.; There has been treatment or conservative therapy.; Right hand weakness and contraction. Headaches and neck pain. Hand claws up until she is unable to use it. Also to access for focal lesion.; Muscle relaxer	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	increase cervical neck pain with radiculopathy. x ray shows to degenerative joint disease and neuroforaman syndrome. has completed medication therapy more than 6 weeks. patient is getting worse; 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.; radiculopathy to right shoulder. decreased range of motion	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; decre rang of motion	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having increased neck and arm pain, even after narcotic med increases. Hx of surgery to this area of the spine. Increased neck pain has been causing HAs.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.	1

Unknown

Disapproval

72141 MRI CERVICAL SPINE OR NECK
SPINE WITHOUT CONTRAST

Radiology Services
Denied Not
Medically
Necessary

Severe increasing pain in neck and radiating into left shoulder...causing stiffness and pain in hand as well. Pain is not responding to medication and is debilitating in nature.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She reports this pain radiates into her upper back and into her bilateral arms, right worse than left. She complains numbness tingling and weakness in her arms and hands. She states this is intermittent in nature. She reports this began in 2010 and worse; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She reports this pain radiates into her upper back and into her bilateral arms, right worse than left. She complains numbness tingling and weakness in her arms and hands. She states this is intermittent in nature. She reports this began in 2010 and 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
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; Neurological deficits; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xray findings - cervical dextroscoliosis, DD at c4-6; 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 grip weakness, patient dropping coffee cups, unable to keep 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

Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.;	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; patient has back pain with radiating symptoms	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has had continued low and mid back pain even though she has tried rest and pain medications. Need MRI to determine if surgical intervention is necessary; There has been treatment or conservative therapy.; Pain in low and mid back; She has tried exercises as well as pain medications	1

Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Some patient history, Severe thrombocytopenia, Bilateral bronchopneumonia, Ehrlichia chaffeensis PCR that is positive, Acute renal failure, Acute respiratory failure requiring mechanical ventilation, Ehrlichiosis, as well as Septic Shock. Was hospitalized ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states onset of symptoms as early July.; There has not been any treatment or conservative therapy.; His other concern is that he has noted a lump in back of his chest next to his spine and also has low back pain associated with parasthesias. He used vit B pills for the last 2 months which have not made any difference to his parasthesias.	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2010; It is not known if there has been any treatment or conservative therapy.; RIGHT AREM NUMBNESS & TINGLING & WEAKNESS	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/2015; There has been treatment or conservative therapy.; mbr has scoliosis; PT and Medication	1
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Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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
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Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/16/2016: Pt here as a new pt for c/o pain in hips that radiates down legs. Only occurs at night. States this started about a week ago. Also c/o left sided neck pain that radiates down left arm. Only occurs occasionally. States this has been going on fo; It is not known if there has been any treatment or conservative therapy.; Pain on left side of neck that radiates down left arm, pain in lower back that radiates to hips	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Medically Necessary Radiology Services Denied Not	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Medically Necessary Radiology Services Denied Not	; This study is being ordered for trauma or injury.; 10/19/2016; There has been treatment or conservative therapy.; Left hip pain; Medications	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; 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 continued exercises and medication with out any relief.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; patient has had continued low and mid back pain even though she has tried rest and pain medications. Need MRI to determine if surgical intervention is necessary; There has been treatment or conservative therapy.; Pain in low and mid back; She has tried exercises as well as pain medications	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN IS GETTING WORSE AFTER MEDICATION 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.; LOW BACK PAIN . 1995 STARTED - SEVERELY BEAT IN THIS YEAR. HAS BACK PAIN OFF AND ON SINCE THAT 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
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Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having increased pain and has not got any better; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; 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
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Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having leg weakness with numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having ongoing back pain with no relief from medications and home exercises; 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 having low back pain with radiculopathy with 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient new to our clinic. Presents with low back pain and c/o 'knots' in low back which she has had for 3-4 years. Pt states she saw a chiropractor for this with no relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is having chronic low back pain and has been referred to pain management. Would Like the MRI to R/O Spinal Stenosis; 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
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Some patient history,Severe thrombocytopenia,Bilateral bronchopneumonia, Ehrlichia chaffeensis PCR that is positive, Acute renal failure, Acute respiratory failure requiring mechanical ventilation, Ehrlichiosis, as well as Septic Shock. Was hospitalized ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient states onset of symptoms as early July.; There has not been any treatment or conservative therapy.; His other concern is that he has noted a lump in back of his chest next to his spine and also has low back pain associated with parasthesias. He used vit B pills for the last 2 months which have not made any difference to his parasthesias.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unable to raise right leg up; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has weakness also has increased LBP with radiculopathy and also has degenerative joint disease; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Unknown	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal x-ray, looks like inflammation of the left SI joint. Noted this could be rheumatologic.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Unknown	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient c/o intermittent severe lower abdominal pain. Has had negative GI workup with endoscopy.; History of anemia, post hysterectomy last year.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient has Osteochondroma; 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

Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Shoulder pain, Rt shoulder pain worsening with pain radiating down upper arm, numbness and tingling, decreased rom; 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
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; left shoulder pain around the supraclavicular tenting, is very concerned as he is paraplegic and uses his arms for mobility, pt was referred to physical therapy on 10/18/2016, weakness, xray performed on 10/18/2016, Findings: Multiple views of both should	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1

Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
Unknown	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ;	2
Unknown	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Acute pain due to trauma. Pt fell off knee cady on right knee. Pt had in home physical therapy without any release from the pain. On a scale from 1-10, pain is 10. Pt was prescribed norco and robaxin for pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament 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.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	con tx since end of Oct; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient turned and her knee popped, and has been getting worse in pain since this happened on 12/18/16.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient turned and her knee popped. Has been getting worse since 12/18/16.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
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Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.	1
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Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/2016; There has been treatment or conservative therapy.; Pt is unable to stand for long periods of time. Hip pain; Medications	2
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 10/19/2016; There has been treatment or conservative therapy.; Left hip pain; Medications	1
Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient is having pain in left leg after fracture to left femur. Left leg is shorter than the right causing patient to be unbalanced with back pain.; This study is being ordered for trauma or injury.; Aug 29th, 2016; There has been treatment or conservative therapy.; Pain in left leg after fracture to left femur. Patient has been informed that left leg is shorter than the right.; Patient had physical therapy and had lift placed in shoe by orthopedic with no improvement.	2

Unknown

Disapproval

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

Radiology Services
Denied Not
Medically
Necessary

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

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Unknown	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.	1
Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1

Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdminal pain with radiation to groin. .; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.;; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis	1
Unknown	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Unknown	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	(initial exam 4/19/16)patient went to Costa Rica in April 2016 and when she returned began having abd pain and diarrhea for days at a time, 5-6 stools per day. She also complained of bloating, cramping and fever.  (4/25/16)Patient returned to clinic with; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1

Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient has history of chronic upper abdominal and chest pain. GYN visits in past have found nothing. EKG was 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; gastric pain	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; unknown	1

Unknown	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; pt has a liver lesion	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs. Clubb is a new patient here for evaluation of chest pain. She started having "sharp, achy" left-sided chest pain about a month ago. CP occurs at night while lying in bed and may last a couple of hours. CP also occurs in the mornings after walking the; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient had a stress echo on 11/4/16 with st depression in her inferior leads; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	She reports having chest pain "every now and then". She has been told it was anxiety before. She had EKG in Feb for this but didn't have correct lead placement (dextrocardia). She says the pain can occur at rest but also occurs sometimes when walking a; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.	1
Unknown	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1
Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1

Unknown	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.	1
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	2
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Elevated prolactin. hx of 1 year progressive fatigue and low energy. hypogonadism. erectile dysfunction and urinary frequency. prostate exam has a 2+ enlarged.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.	1
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	1

Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	1
Urology	Approval	71250 CT CHEST, THORAX		1
Urology	Approval	71250 CT CHEST, THORAX	"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.	4
Urology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2016; There has not been any treatment or conservative therapy.; has a rt kidney tumor mass measuring 6.5 by 5.4 x 6.1 cm, suspicious for renal cell carcinoma. 28.89 renal mass of the liver.	1
Urology	Approval	71250 CT CHEST, THORAX	17 MMM LUNG NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Urology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.	1
Urology	Approval	71250 CT CHEST, THORAX	doctor is a urologist.. see attached notes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	has renal cancer they are checking for Mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	KIDNEY CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Urology	Approval	71250 CT CHEST, THORAX	LUNG NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Urology	Approval	71250 CT CHEST, THORAX	LUNG NODULES AND PROSTATE CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1
Urology	Approval	71250 CT CHEST, THORAX	PELVIC MUCINOUS ADENOMCARCINOMA; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	1

Urology	Approval	71250 CT CHEST, THORAX	PROSTATE CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.	2
Urology	Approval	71250 CT CHEST, THORAX	prostate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	Pt has a history of renal cancer. Scan is being done 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 physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	pt. has prostate cancer, 3-month follow up, diagnosed in 2008, biopsy in Jan. also have a lung nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	Routine surveillance of renal cell carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	Approval	71250 CT CHEST, THORAX	Scan is a followup/routine surveillance for renal cancer. the patient was diagnosed 3/29/2016 and underwent open left nephrectomy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	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.	1
Urology	Approval	71250 CT CHEST, THORAX	STAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	71250 CT CHEST, THORAX	The patient has a history of left testicular cancer./ He underwent a radical orchiectomy on 3/27/2014. His CT scan on 5/16/2016 showed a mildly enlarged lymph node in the aorticopulmonary window and a 6mm indeterminate lung nodule. Scan is being performed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	Approval	71250 CT CHEST, THORAX	The patient was diagnosed with testicular cancer and underwent right radical orchiectomy on 2/12/2015. 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 physician is not a hematologist/ oncologist.	1
Urology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.	1

Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	ABCESS OF THE PROSTATE; 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.	2
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	infection; 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.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Personal hx of urinary calculi; right flank plank; h/x of stones and hematuria; 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.	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	PNEUMATOURIA; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.	1
Urology	Approval	72196 MRI PELVIS		3

Urology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	4
Urology	Approval	72196 MRI PELVIS	Elevated PSA, benign prostate hyperplasm with lower urinary tract symptoms; 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
Urology	Approval	72196 MRI PELVIS	elevated psa, has acute prostatitis,; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	Elevated PSA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
Urology	Approval	72196 MRI PELVIS	family history of cancer, (V16.42); This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Approval	72196 MRI PELVIS	hematuria, r31.21 and elevated PSA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	neoplasm of the prostate; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	PATIENT HAD A ELEVATED PSA OF 32; 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

Urology	Approval	72196 MRI PELVIS	patient has prostate cancer; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	patient is having pain in her vagina; 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
Urology	Approval	72196 MRI PELVIS	prostate CA; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	R/O uretural diverticulum; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	scrotal pain, microscopic hematuria, recurring UTI; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	41
Urology	Approval	72196 MRI PELVIS	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		2

Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.	1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.	19
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.	3
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.	3

Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	2
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement,  Known or suspected infection such as pancreatitis, etc.;; There are clinical findings or indications of Hematuria.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		19
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. There is asymmetrical fullness of the left ureter and pelvic calyceal system down to an approximate 2 or 3mm calcification that appears to be in the intramural portion of the left UVJ. A more equivocal tiny calcification could be in the distal left pel; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Bladder abnormality on Cystoscopy.; In addition vaginal prolapse, urinary incontinence, pain with bladder filling.; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	BLADDER 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	blood in urine, flank pain bilateral, hematuria; This is a request for an abdomen-pelvis 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.; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	doctor is a urologist.. see attached notes.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	has renal cancer they are checking for Mets; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	History of Kidney stones.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	HX of kidney stones/ 2 previous episodes; This is a request for an abdomen-pelvis 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KNOWN KIDNEY STONES AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KUB revealed a possible stone. History shows pt can't pass w/o intervention.; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has a 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.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Post surgery 12/14/2016, stent in her L ureteral, L ureteral stricture; 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	prostate cancer; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has a history of renal cancer. Scan is being done 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 physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt present with acute flank pain and renal colic, highly suspicious for a left renal stone. Has hx 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt. has prostate cancer, 3-month follow up, diagnosed in 2008, biopsy in Jan. also have a lung nodule; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Routine surveillance of renal cell carcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Scan is a followup/routine surveillance for renal cancer. the patient was diagnosed 3/29/2016 and underwent open left nephrectomy.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	STAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has a history of left testicular cancer./ He underwent a radical orchiectomy on 3/27/2014. His CT scan on 5/16/2016 showed a mildly enlarged lymph node in the aorticopulmonary window and a 6mm indeterminate lung nodule. Scan is being performed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient was diagnosed with testicular cancer and underwent right radical orchiectomy on 2/12/2015. 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 physician is not a hematologist/ oncologist.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.	18

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; 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.	5
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.	12

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; <Enter Additional Clinical Information>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; hematuria	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.	1

Urology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; It is not known if there is a palpable or observed abdominal mass.; pt had kidney cyst on previous imaging, we need 6month follow up

1

Urology

Approval

74176 CT ABD & PELVIS W/O
CONTRAST

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; <Enter Additional Clinical Information>

1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	5
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.	5
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is 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.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The reason for the study is 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.	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operatove complication.; Pre-op or post op evaluation	2

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation;	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; patient seen recently in clinic s/p ureteral injury during a surgery, surgical repair of a 1cm opening was done, now patient feels poorly, need to check to see if there is continued leakage at the repair site.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation	4
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	193
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	5
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; HYDRONEPHROSIS	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Inguinal Hernia	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; INGUINAL PAIN, GROIN AND SCROTAL PAIN	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has recurrent UTI's. Has had some hematuria in the past.	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; RECURRENT UTI	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Referred from Dr. Billings in Gravette for recurrent UTIs. Culture in Oct grew a sens E.coli, in March Klebsiella. Says she has had more infections than cultures. Sx include dysuria, frequency chills, subjective fever. No hematuria or flank pain. Has been	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	249
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; <Enter Additional clinical information >	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is not known if there are new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor;	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Kidney/Ureteral stone	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or R/O metastases	55

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or R/O metastases	7
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Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; It is not known if there is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.; pt has renal cyst/mass on recent ct non- contrast.	1
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Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has not been a recent abdominal and pelvis CT scan.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; yes, there is a palpable or observed abdominal mass.	1
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Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is a known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases	2
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; There is no known prostate cancer with a PSA greater than 10.; Known Tumor, Cancer, Mass, or R/O metastases; No, there is not a palpable or observed abdominal mass.	3
Urology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Urology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2016; There has not been any treatment or conservative therapy.; has a rt kidney tumor mass measuring 6.5 by 5.4 x 6.1 cm, suspicious for renal cell carcinoma. 28.89 renal mass of the liver.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; THIS PATIENT HAS DEVELOPED HEMATURIA. WE ARE KEEPING AN EYE ON THE MASS. WE NEED TO SEE IF IT HAS GROWN IN SIZE.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; < Enter answer here - or Type In Unknown If No Info Given. >;	1

Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; < Enter answer here - or Type In Unknown If No Info Given. >	3
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; ADRENAL MASS	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; f/u on renal cancer after tx and painless hematuria and us showing something on opposite kidney and needing mri for def evaluation	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; gross hematuria blood since nov 27 adrenal mass 4.3 centimeters	1

Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Indeterminate left adrenal lesion measures 3 cm. Per Ct scan Mri might be beneficial for further assesment	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; left renal cysts	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; LEFT RENAL MASS	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has lesions on pancreas and kidney accompanied with abdominal pain. Suspicious for cancer.	1

Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Patient has suspicious renal mass. Currently under observation to make sure mass remains stable and to rule out metastasis.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Px had CT of chest and abdomen w/o contrast. A finding of a right mass.	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; RENAL CYST	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Renal Mass seen on Ultrasound	1

Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; renal to access renal vein involvement.	1
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Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Renal ultrasounds shows a cyst but with history of a complex renal cyst on CT want o futher evaluate with MRI of the kidneys with and without contract. Patient will come back after to discuss results and decide if needed ot go elsewhere for consideration	1
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Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; The patient was seen by his PCP for back pain x 2 months. A CT scan and Ultrasound were performed that showed a septated right renal cyst measuring 1.3 cm that is possibly hemmorhagic. MRI is being ordered for further delineation	1
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Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; UNKNOWN	1
Urology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Adrenal Mass, kidney stones	1
Urology	Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Urology	Approval	78813 PET IMAGING WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1

Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.	1
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being 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.	2
Urology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	This is a request for a Tumor Imaging PET Scan; This study is being ordered for 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.	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2016;	
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; has a rt kidney tumor mass measuring 6.5 by 5.4 x 6.1 cm, suspicious for renal cell carcinoma. 28.89 renal mass of the liver.	1
Urology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	1 f/u on imaging; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Urology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; A urinalysis has 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.	1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; 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.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	BACK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	hematuria and uti; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is 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.	1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Post op kidney stone to make sure kidney stone was crushed.; 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.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other;	2
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; CHRONIC INTERSTITIAL CYSTITIS	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; INGUINAL PAIN	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RECURRENT UTI	1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; she has persistent microscopic hematuria for no know reason.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Suprabubic Pain	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone	6
Urology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2016; There has not been any treatment or conservative therapy.; has a rt kidney tumor mass measuring 6.5 by 5.4 x 6.1 cm, suspicious for renal cell carcinoma. 28.89 renal mass of the liver.	1
Urology	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	1

Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.	2
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.	1
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.	1
Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 05/20/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ANGIOGRAM, 6 MONTH FOLLOW UP	1

Vascular Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; She has a 60-year-old female who presents after been found to have left common carotid artery stenosis after duplex was performed for right lower extremity numbness.; There has not been any treatment or conservative therapy.; She has a 60-year-old female who presents after been found to have left common carotid artery stenosis after duplex was performed for right lower extremity numbness.	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 05/20/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; ANGIOGRAM, 6 MONTH FOLLOW UP	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; She has a 60-year-old female who presents after been found to have left common carotid artery stenosis after duplex was performed for right lower extremity numbness.; There has not been any treatment or conservative therapy.; She has a 60-year-old female who presents after been found to have left common carotid artery stenosis after duplex was performed for right lower extremity numbness.	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Checking status of patients repair.; This study is being ordered for Vascular Disease.; 10/05/2015; There has been treatment or conservative therapy.; ; Patient has had surgery and medication.	1
Vascular Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	3

Vascular Surgery	Approval	71250 CT CHEST, THORAX	pre op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Vascular Surgery	Approval	71250 CT CHEST, THORAX	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/2016; There has not been any treatment or conservative therapy.; Pt was attempted gotten worse discolored and blue	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; 10/07/16; There has not been any treatment or conservative therapy.; Patient presents as level 2 trauma activation. Approximately 45 mph collision, restrained, does not remember the accident (likely LOC). On arrival, she had normal vital signs and complained on pain in her neck, back, and abdomen as well as severe pain in	1

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is an evaluation for thoracic outlet syndrome.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	53yo morbidly obese male with history of acute type B aortic dissection. The patient has been managed non-operatively, however he has developed progressive SOB since he has been home. He likely has some component of sleep apnea and has recently complete; This study is being ordered for Vascular Disease.; 09/23/2016; There has been treatment or conservative therapy.; pain in his chest and back. The patient has become SOB and hypoxic since his discharge on 9/26 and presents today on O2 2LNC.; Blood Pressure control	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Checking status of patients repair.; This study is being ordered for Vascular Disease.; 10/05/2015; There has been treatment or conservative therapy.; ; Patient has had surgery and medication.	1

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	CTA DISSECTION OF AORTA PROTOCOL. pt has recently been admitted to the hospital due to back pain where the Dissection of Aorta was seen by CT. Radiologist suggest CTA of ABD. pelvis and Chest to follow the Dissection; This study is being ordered for Vascular Disease.; 09/23/2016; There has been treatment or conservative therapy.; Back pain resulting in ER to be admitted for 6 days. CT's show type B aortic dissection.; need CTA DISSECTION OF AORTA PROTOCOL; blood pressure control along with hospitalization	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/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 Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Vascular Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	severe numbness and tingling in both arms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper extremities; 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

Vascular Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Vascular Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	This is a request for a pelvis CT angiography.	1
Vascular Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Vascular Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
Vascular Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/2016; There has not been any treatment or conservative therapy.; Pt was attempted gotten worse discolored and blue	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	; This study is being ordered for trauma or injury.; 10/07/16; There has not been any treatment or conservative therapy.; Patient presents as level 2 trauma activation. Approximately 45 mph collision, restrained, does not remember the accident (likely LOC). On arrival, she had normal vital signs and complained on pain in her neck, back, and abdomen as well as severe pain in	1

Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	CTA DISSECTION OF AORTA PROTOCOL. pt has recently been admitted to the hospital due to back pain where the Dissection of Aorta was seen by CT. Radiologist suggest CTA of ABD. pelvis and Chest to follow the Dissection; This study is being ordered for Vascular Disease.; 09/23/2016; There has been treatment or conservative therapy.; Back pain resulting in ER to be admitted for 6 days. CT's show type B aortic dissection.; need CTA DISSECTION OF AORTA PROTOCOL; blood pressure control along with hospitalization	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	3
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	53yo morbidly obese male with history of acute type B aortic dissection. The patient has been managed non-operatively, however he has developed progressive SOB since he has been home. He likely has some component of sleep apnea and has recently complete; This study is being ordered for Vascular Disease.; 09/23/2016; There has been treatment or conservative therapy.; pain in his chest and back. The patient has become SOB and hypoxic since his discharge on 9/26 and presents today on O2 2LNC.; Blood Pressure control	1
Vascular Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the abdomen.	6

Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for 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.	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pre op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; gallbladder and appendix taken out and unsure of where the pain is coming from.	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not a hematologist/ oncologist.	1

Vascular Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		Yes, this is a request for CT Angiography of the abdominal arteries.	7
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		; The patient's age is between 45 and 64.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Vascular Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; 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